SEEC FORM 30

Itemized Campaign Finance Disclosure Statement
Candidates for Statewide Offices and General Assembly
CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION
Rev. 1/08



Electronic Filing

Page 1 of 250

SUMMARY PAGE

					1132					
1.NAME OF COMMITTEE							2. TYPE OF COMMITTEE			
Foley For Governor, In	с.						х	Candidate Committee Exploratory Committee		
3. TREASURER NAME										
Title	First Larry			MI J	Last Lawrence			Suffix		
4. TREASURER ADDRESS										
Street Address			City			State	2	Zip Code		
40 Brookridge Dr			Green	wich		СТ	(06830		
5. ELECTION DATE			6. O	FFICE SOUG	•	7. DISTR	ICT CODE (if applicable)			
11/02/2010		Governor								
8. CANDIDATE NAME						•				
Title First MI Last Foley C Foley										
9. TYPE OF REPORT										
October 10 Filing - Ori	ginal									
10. PERIOD COVERED										
		Beginning Date			Ending Date					
		09/03/2010	thru	1	09/30/2010					
			11 CER	RTIFICATION						
	ed Campaig	under penalties of false	e statem	nent, that all	of the information set forth period covered is true,					
Electronic Filing SIGNATURE		Sunghi Frauen PRINT NAME OF THE	Ē SIGNE	∃R		2/2010 CERTIFIED				
	PENALTY FOR FALSE STATEMENT IS PUNISHABLE BY FINE NOT TO EXCEED \$1,000, OR IMPRISONMENT FOR NOT MORE THAN ONE YEAR, OR BOTH.									

SEEC FORM 30 Itemized Campaign Finance Disclosure Statement Candidates for Statewide Offices and General Assembly CONNECTICUT STATE ELECTIONS ENFORCEMENT COMMISSION Rev. 1/08

SUMMARY PAGE TOTALS

NAME OF COMMITTEE	FILING DUE DATE						
Foley For Governor, Inc.	Original 10/12/2010						
	COLUMN A This Period	COLUMN B Aggregate					
12. Balance on hand from day Committee was formed		\$0.00					
13. Balance on hand at the beginning of Reporting Period	\$300,992.57						
14. Contributions received from Individuals (Section A and B)	\$355,586.00	\$1,238,430.51					
15. Receipts from Other Committees (Sections C1 + C2)	\$2,700.00	\$2,700.00					
16. Other Monetary Receipts (Section D-I)	\$1,300,000.00	\$5,304,833.76					
17. Total Proceeds from Tag Sales, Auctions or Other Sales (Section J2)	\$0.00	\$0.00					
18. Total Monetary Receipts (add totals for lines 14-17)	\$1,658,286.00	\$6,545,964.27					
19. Subtotals (add totals in line 13 + line 18 in Column A and in lines 12 + 18 in Column B)	\$1,959,278.57	\$6,545,964.27					
20. Expenses Paid by Committee (Section N)	\$1,761,422.39	\$6,348,108.09					
21. Balance on hand at close of Reporting Period (Subtract line 20 from line 19)	\$197,856.18	\$197,856.18					
22. In-Kind Donations not Considered Contributions Received (Section J3)	\$0.00	\$0.00					
23. In-Kind Contributions Received (Section K)	\$5,701.05	\$10,129.07					
24. Refundable Deposit to Telephone Company (Section L)	\$0.00	\$0.00					
25. Receipts of Organization Expenditures (Section M)	\$174.99	\$412.08					
26. Beginning Loan Balance	\$4,001,000.00	\$4,001,000.00					
26a. + Loans Received (Section D)	\$1,300,000.00	\$5,301,000.00					
26b. + Interest and Penalties on Loan(s)	\$0.00	\$0.00					
26c Payments on Loan(s)	\$0.00	\$0.00					
26d. Total Outstanding Loan Amount	\$5,301,000.00	\$5,301,000.00					
27. Campaign Expenses Paid By Candidate (Section O)	\$0.00	\$0.00					
28. Expenses Incurred on Committee Credit Card (Section P)	\$14,265.17	\$63,095.52					
29. Expenses Incurred by Committee During this Period but Not Paid (Section Q)	\$14,265.17						
29a. Total Outstanding Expenses Incurred by Committee still Unpaid (Section Q)	\$16,894.81						

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
A. Total Contributions from	n Small (Contrib	itors-Received th	is Perio	d ONLX	7				
(See instructions for definition of Small						total Section A	\$0.00			
		B. It	temized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Balderston	Peter Ran	nsey			Cash Money	=	al Check Debit Card	0945		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received		
19 Collinswood Rd		Wilton			СТ	06897-1811	(09/03/201	0	
Principal Occupation		Name of E	* *			Is this contribution ass fundraising event liste		L	Yes	
Financial Services		GenSpr	ing Family Offices, LL	С		If yes, list Event #	d iii Section	<u> </u>	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggr	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of	_			dependent	child of a lob	-	1-55	-	300.00	\$300.00
government the contract is with:		Executive	Legislative	L Y	res x	No				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Donovan	Dan				Cash Money	=	al Check Debit Card	0946		Contribution
Residential Street Address	<u> </u>	City			State	Zip Code	Ī	Date Received	1	1
103 N Park Ave		Easton			CT	06612-1416		09/03/201		
Principal Occupation		Name of E	mployer			Is this contribution ass	sociated with	а Б	Yes	†
Development/Energy		Prosper				fundraising event liste	d in Section 09152010	J1?	No	
				1		If yes, list Event #	1	<u> </u>		ļ
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggr	egate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I -	res X	•		\$	100.00	\$100.00
Last Name	First Name			MI		contribution:	1.01	Contributi	on ID#	Amount of
Reyes	Diego				Cash Money	=	al Check Debit Card	0947		Contribution
Residential Street Address		City		!	State	Zip Code	I	Date Received	l	
544 E 86th St Apt 11W		New Yor	k		NY	10028-7526	(09/03/201	0	
Principal Occupation		Name of E	mployer		•	Is this contribution ass	ociated with	a	Yes	Î
Real Estate Professional		CIM Gro	oup, LP			fundraising event liste If yes, list Event #	d in Section	J1?	No	
				1						+
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob	-	Aggr	egate Contrib		¢1 000 00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res x	No		\$1,	00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	•	Contributi	on ID#	Amount of
Sculley	Sean				Cash	=	al Check	0948		Contribution
		1			 		Debit Card	ļ		-
Residential Street Address 80 N Main St		City Kent			State CT	Zip Code 06757-1520		Date Received 09/03/201		
					C1	Is this contribution ass			_	†
Principal Occupation Architect/Professor		Name of E	mployer Union NYC			fundraising event liste		J12 L	Yes	
7. CHICCCG 1 10163301						If yes, list Event #		[2	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggr	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		E	П т. т. т.		child of a lob	-			\$25.00	\$25.00
government the contract is with:		Executive	Legislative	1 4	es X	INO	- 1			I

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	IG DUE DATE
Foley For Governor, Inc.							Origi	nal 10/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals		•	
Last Name Tober	First Name Donald		MI G	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address 620 Park Ave		City New York	•	State NY	Zip Code 10065-6591	Date Re 09/04	eceived 4/2010	
Principal Occupation Manufacturing		Name of Employer Sugar Foods Corporation			Is this contribution associate fundraising event listed in If yes, list Event # 092		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$1,000.00	\$1,000.00
Last Name Knickerbocker	First Name Richard		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address 110 Capen St		City Windsor		State CT	Zip Code 06095-3109	Date Re 09/05	eceived 5/2010	
Principal Occupation Receiver		Name of Employer ARAMARK		•	Is this contribution associal fundraising event listed in S If yes, list Event #		Yes	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$450.00	\$25.00
Last Name Knickerbocker	First Name Richard		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address 110 Capen St		City Windsor		State CT	Zip Code 06095-3109	Date Re	eceived 5/2010	
Principal Occupation Receiver		Name of Employer ARAMARK			Is this contribution associate fundraising event listed in State If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$450.00	\$25.00
Last Name Knickerbocker	First Name Richard		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 09	ntribution ID#	Amount of Contribution
Residential Street Address 110 Capen St		City Windsor		State CT	Zip Code 06095-3109	Date Re	eceived 5/2010	
Principal Occupation Receiver		Name of Employer ARAMARK			Is this contribution associal fundraising event listed in S If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$450.00	\$25.00

		I. MONETARY RE	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 10/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals			
Last Name O'Connell	First Name John		MI	Cash	contribution: Personal C	heck 09	ntribution ID#	Amount of Contribution
Residential Street Address 283 1/2 1st Ave		City Milford	•	State CT	Zip Code 06460-5209	Date Re 09/05	eceived 5/2010	
Principal Occupation Consultation		Name of Employer OMS, Inc.			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$350.00	\$50.00
Last Name Henry	First Name Elaine		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 09	ntribution ID#	Amount of Contribution
Residential Street Address PO Box 157		City Gaylordsville		State CT	Zip Code 06755-0157	Date Re	eceived 5/2010	
Principal Occupation Professor		Name of Employer University of Miami		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00
Last Name Feeley	First Name Maryellen	1	MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 09	ntribution ID#	Amount of Contribution
Residential Street Address 19 Stoney Ridge Ln		City Riverside		State CT	Zip Code 06878-2020	Date Re 09/06	eceived 5/2010	
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	\$500.00	\$500.00
Last Name Kurcon	First Name Mark		MI	Cash	contribution: Personal Contribution: y Order X Credit/Deb	heck 09	ntribution ID#	Amount of Contribution
Residential Street Address 347 Darling Rd		City Salem		State CT	Zip Code 06420-3912	Date Re 09/06	eceived 5/2010	
Principal Occupation Investor		Name of Employer Hartford Investment Manag	ement	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Richardson	First Name		MI	Method of Cash	contribution:		ntribution ID #	Amount of Contribution
Residential Street Address		City		State	y Order X Credit/Deb			<u> </u>
86 Ramapoo Rd		Ridgefield		СТ	06877-3718	09/06,	/2010	1
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00
Last Name Shafter	First Name Robert		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	neck 09	ntribution ID#	Amount of Contribution
Residential Street Address 122 Heritage Hill Rd		City New Canaan		State CT	Zip Code 06840-4626	Date Re-		
Principal Occupation Elected Registrar of Voters			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$250.00	\$250.00
Last Name Alfieri	First Name Dan		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address PO Box 1052		City Amston		State CT	Zip Code 06231-1052	Date Re-		
Principal Occupation Engineering		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$25.00	\$25.00
Last Name Lawrence	First Name Benjamin		MI	Cash	contribution: X Personal Cl y Order	neck 090	ntribution ID #	Amount of Contribution
Residential Street Address 40 Brookridge Dr		City Greenwich		State NY	Zip Code 06830	Date Re-		
Principal Occupation Investment Banker		Name of Employer Deutsche Bank			Is this contribution associa fundraising event listed in If yes, list Event # 090		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate C	Contributions \$3,500.00	\$3,500.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Foley For Governor, Inc.							(Origina	al 10/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals				
Last Name Lawrence	First Name Christina		MI	Cash	contribution: X Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 40 Brookridge Dr		City Greenwich		State NY	Zip Code 06830		te Received /07/2010		
Principal Occupation Student		Name of Employer Student			Is this contribution associa fundraising event listed in If yes, list Event # 090		11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	\$3,500		\$3,500.00
Last Name Lawrence	First Name Larry		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 40 Brookridge Dr		City Greenwich		State NY	Zip Code 06830		te Received /07/2010		
Principal Occupation Investment Management		•	Is this contribution associa fundraising event listed in If yes, list Event # 090		11.				
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	\$3,500		\$3,500.00
Last Name Lawrence	First Name Peter		MI	Cash	contribution: X Personal Cl	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 40 Brookridge Dr		City Greenwich		State NY	Zip Code 06830		te Received /07/2010		
Principal Occupation Student		Name of Employer Student			Is this contribution associa fundraising event listed in If yes, list Event # 090		1 1 .		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	\$3,500		\$3,500.00
Last Name Lawrence	First Name Sally		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 40 Brookridge Dr		City Greenwich		State NY	Zip Code 06830		te Received /07/2010		
Principal Occupation Volunteer		Name of Employer Volunteer			Is this contribution associa fundraising event listed in If yes, list Event # 090		11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution \$3,500		\$3,500.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Foley For Governor, Inc.							С	Origina	1 10/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of
Levy	Steven			Cash Money	Personal Ch x Order X Credit/Debi	1 (0969		Contribution
Residential Street Address		City		State	Zip Code		Received		
5 Pecksland Rd		Greenwich		СТ	06831	09/	07/2010		
Principal Occupation Real Estate Broker		Name of Employer Self-Employed			Is this contribution associate fundraising event listed in the street in			∕es No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$3,500		\$3,500.00
Last Name Nickerson	First Name William		MI H	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 35 Quail Rd		City Greenwich		State CT	Zip Code 06831-3322		Received 07/2010		
Principal Occupation Real Estate	l					ted with a Section J1?	X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregat	\$1,000		\$1,000.00
Last Name Pray	First Name Malcolm		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 566 Round Hill Rd	•	City Greenwich	•	State CT	Zip Code 06831-2724		Received 07/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associate fundraising event listed in 1 If yes, list Event # 090		X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$1,000		\$1,000.00
Last Name Ranieri	First Name Lewis		MI S	Cash	contribution: X Personal Character Credit/Debi	neck	Contribution II	D#	Amount of Contribution
Residential Street Address 50 Lindbergh Blvd Ste 50		City Uniondale		State NY	Zip Code 11553-3626		Received 07/2010		
Principal Occupation Investment Banker		Name of Employer Ranieri Partners Managemen	t, LLC	•	Is this contribution associate fundraising event listed in 1 If yes, list Event # 092	Section J1?	X Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$1,000		\$1,000.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							(Origina	1 10/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Webb, IV	John		С	Cash Money	y Order X Personal Cl		0977		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
306 W Capitol St		Demopolis		AL	36732-1902	09,	/07/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Wood Products Broker		Self-Employed			If yes, list Event #	section 31	x 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative	1 m	child of a lob	•		\$200	0.00	\$200.00
Last Name	First Name		MI	Method of	contribution:	1	Contribution I	ID#	Amount of
Goodwin	J. Barton			Cash Money	y Order Resonal Cl		0962		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
29 Fairway Ln		Greenwich		СТ	06830-4011	09,	/07/2010		
Principal Occupation		Name of Employer BCI Partners			Is this contribution associa fundraising event listed in		, X	Yes	
Investments			· -	22010A	11.	No			
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of		-	1 ~	child of a lob	•		\$1,000	0.00	\$1,000.00
government the contract is with:		Executive Legislative	+ -			1			
Last Name McNiff	First Name Audrey		MI	Method of Cash	contribution:	neck	Contribution I	ID#	Amount of Contribution
PICINII	Addrey	ī		_	y Order Credit/Debi		0970		Contribution
Residential Street Address		City		State	Zip Code		e Received		
102 Zaccheus Mead Ln		Greenwich		СТ	06831-3751		/07/2010		
Principal Occupation		Name of Employer Retired			Is this contribution associa fundraising event listed in		, X		
Retired		Retired				92010A	11.	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contribution	ns	
state contractor? Is yes, indicate which branch or branches of				child of a lob	·		\$1,500	0.00	\$1,000.00
government the contract is with:	<u></u>	Executive Legislative	 	1		1			
Last Name Sweitzer	First Name Brandon		MI W	Method of Cash	contribution:	neck	Contribution I	ID#	Amount of Contribution
Sweitzei	Diandon		l vv		y Order Credit/Debi		0975		Contribution
Residential Street Address		City		State	Zip Code	Dat	e Received		
751 Weed St		New Canaan		СТ	06840-4019	09,	/07/2010		
Principal Occupation		Name of Employer			Is this contribution associa		, X y	Yes	
Retired		Self-Employed			fundraising event listed in If yes, list Event # 090	12010A	11.	No	
Is contributor a principal of a state contractor	or prospective	Yes X No	Is contrib	utor a lobbyis	t spouse or	Αα	ata Cantillius	ma .	
state contractor? Is yes, indicate which branch or branches of		res res		child of a lob	byist?	Aggrega	ate Contribution \$3,500		\$3,500.00
government the contract is with:		Executive Legislative	Y	res X	No		, - , - 5 0		1 - ,

		I. M	IONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ions fron	ı Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Sweitzer	Lisette L.			L	Cash Money	y Order X Personal Credit/De		0976		Contribution
Residential Street Address	•	City			State	Zip Code	Г	ate Received		
751 Weed St		New Can	aan		СТ	06840-4019	С	9/07/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution assoc		1^	Yes	
Homemaker		Greenwi	ch Academy			fundraising event listed if If yes, list Event # 09	n Section .		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	I '─	t child of a lob Yes	,		\$3,	500.00	\$3,500.00
government the contract is with:	First Name	Executive	Legislative			contribution:		1		
Last Name Lawrence	Jesse			MI	Cash	x Personal	Check	Contribution	on ID#	Amount of Contribution
					Money	y Order Credit/D	ebit Card	0965		
Residential Street Address		City			State	Zip Code		ate Received		
60 Gramercy Park N Apt 9G		New York	<u> </u>		NY	10010-5432	C	9/07/201	0	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed		1^	Yes	
Internet		Self-Emp	Dioyea			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		.	Legislative		t child of a lob Yes	-		\$3,	500.00	\$3,500.00
government the contract is with:		Executive	Legislative	+-				1		
Last Name Olson	First Name Brian			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
0.3011	Brian					y Order Credit/De	ebit Card	0972		Contribution
Residential Street Address		City			State	Zip Code	Г	ate Received		
44 Mayo Ave		Greenwic	h		СТ	06830-7022	C	9/07/201	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed		a x	Yes	
Retired		Retired				If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	st, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of				dependent	t child of a lob	obyist?	7.55.	•	00.00	\$3,500.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No				
Last Name	First Name			MI		contribution:	Ch1-	Contributi	on ID#	Amount of
Fairley	Peter				Cash Money	y Order Credit/D		0961		Contribution
Residential Street Address		City			State	Zip Code	1	ate Received		
36 W 84th St Apt 7C		New York			NY	10024-4742	C	9/07/201	0	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed			Yes	
CPA		J.H. Coh	n, LLP			If yes, list Event #	Section	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	st, spouse, or	Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	_			dependent	t child of a lob	obyist?	1	-	500.00	\$3,500.00
government the contract is with:		Executive	Legislative	Y	res x	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	Con	ntribution ID #	Amount of
Burn	Harry			Cash Money	y Order X Personal Cl	09	60	Contribution
Residential Street Address		City		State	Zip Code	Date Re	eceived	
6 Wesskum Wood Rd		Riverside		СТ	06878-1919	09/07	//2010	
Principal Occupation Investment Advisor		Name of Employer Sound Shore Management, 1	Inc.		Is this contribution associa fundraising event listed in If yes, list Event # 090		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate C	Contributions \$7,000.00	\$3,500.00
Last Name Steinford	First Name Joan		MI P	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address 32 Valley Rd		City Groton		State CT	Zip Code 06340-4117	Date Re		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate C	Contributions \$20.00	\$20.00
Last Name Schoolcraft	First Name Donald		MI E	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 09	ntribution ID#	Amount of Contribution
Residential Street Address 350 Ring Dr		City Groton		State CT	Zip Code 06340-4331	Date Re		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes X	byist?	Aggregate C	Contributions \$175.00	\$75.00
Last Name Schoolcraft	First Name Eleanor		MI F	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 09	ntribution ID #	Amount of Contribution
Residential Street Address 350 Ring Dr		City Groton		State CT	Zip Code 06340-4331	Date Re	eceived 0/2010	
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyist child of a lob	byist?	Aggregate C	Contributions \$75.00	\$75.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contribut	ions fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Bognon	Pierre			D	Cash Money	=	nal Check t/Debit Card	0978		Contribution
Residential Street Address		City			State	Zip Code	I	Date Received		
728 Smith Ridge Rd		New Cana	aan		СТ	06840-3227	(09/09/2010)	
Principal Occupation Writer		Name of En				Is this contribution as fundraising event list If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggr	egate Contribu	utions	\$100.00
government the contract is with:	First Name			I _{MI}	1	contribution:		Contributio	TD //	
Bowline	Theresa			WII	Cash	X Perso	nal Check t/Debit Card	0979	on ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	I	Date Received		
26 Lakeview Ave		New Cana	aan		СТ	06840-5919	(09/09/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution as		1^	Yes	
Physician		The Star	nford Hospital			fundraising event list If yes, list Event#	0901201		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob yes	byist?	Aggr	egate Contribu \$5	ntions 500.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Carozza	Michael				Cash Money	=	nal Check t/Debit Card	0980		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
77 Havemeyer Ln Unit 6		Stamford			СТ	06902-2157	(09/09/2010)	
Principal Occupation		Name of Er				Is this contribution as fundraising event list		1a x J1?	Yes	
Personal Trainer		Self-Emp	лоуеа			If yes, list Event #			No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No		utor a lobbyis		Aggr	egate Contribu	itions	•
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$1	150.00	\$150.00
Last Name	First Name			MI		contribution:		Contribution	on ID #	Amount of
Coughlin	Thomas				Cash Money	=	nal Check t/Debit Card	0981		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
575 Round Hill Rd		Greenwic	h		СТ	06831-2717		09/09/2010) 	
Principal Occupation Business Owner		Name of En				Is this contribution as fundraising event list If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective	•	Yes X No	1	utor a lobbyis child of a lob	-	Aggr	egate Contribu	itions	\$1,000.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	es x	No		φ1,(\$1,000.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ions fron	ı Individu	uals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Ferrari	Richard				Cash Money	y Order X Personal Credit/De		0982		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
9 Carriage Ln		East Gra	nby		СТ	06026-9506	C	9/09/2010	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc		1^	Yes	
Employment Security Board of Review		State of	СТ	_		fundraising event listed i If yes, list Event # 09	n Section . 0152010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 m	child of a lob	•		\$2	250.00	\$250.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	<u>Тмі</u>	I	contribution:		1	"	<u> </u>
Grogan	Anne			IVII	Cash	x Personal	Check	Contribution 0983	on ID #	Amount of Contribution
-					Money	y Order Credit/De	ebit Card	0983		
Residential Street Address		City			State	Zip Code	Г	Date Received		
256 White Oak Shade Rd		New Can	aan		СТ	06840-6834	C)9/09/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed it		1^	Yes	
Homemaker		Homema	aker			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	100.00	\$100.00
government the contract is with:		Executive	Legislative	<u> </u>	res x	No				
Last Name	First Name			MI		contribution:	Chaok	Contributio	on ID #	Amount of
Hess	Karen	,			Cash Money	y Order X Credit/De		0984		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
11 Charcoal Hill Rd		Westport			СТ	06880-1633	C)9/09/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed it			Yes	
None		None				If yes, list Event #		x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	500.00	\$500.00
government the contract is with:	<u> </u>	Executive	Legislative	L Y	res X	No				
Last Name	First Name			MI		contribution:	Chaole	Contributio	on ID#	Amount of
Lavielle	Gail	,			Cash Money	y Order Credit/De		0985		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
109 Hickory Hill Rd		Wilton			СТ	06897-1135	C	09/09/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed i		1^	Yes	
University Educator		Universit	ty of Connecticut			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	st, spouse, or	Aggre	egate Contribu	ıtions	†
state contractor? Is yes, indicate which branch or branches of	_			dependent	child of a lob	obyist?	-55.	-	\$50.00	\$50.00
government the contract is with:		Executive	Legislative	Y	res X	No				

		I. MONETARY RE	ECEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FII	LING DUE DATE
Foley For Governor, Inc.							Ori	iginal 10/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals		•	
Last Name Louziotis	First Name Elizabeth		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck C	Contribution ID :	# Amount of Contribution
Residential Street Address 26 Greentree Dr		City Waterford		State CT	Zip Code 06385-4153		Received 09/2010	
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$75.0	\$75.00
Last Name Louziotis	First Name John		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution ID :	# Amount of Contribution
Residential Street Address 26 Greentree Dr		City Waterford		State CT	Zip Code 06385-4153		Received 09/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$75.0	\$75.00
Last Name Pizzolato	First Name Torrie		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck C	Contribution ID :	# Amount of Contribution
Residential Street Address 5 Clocks Ln		City Darien		State CT	Zip Code 06820-5518		Received 09/2010	
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 090		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$500.0	\$500.00
Last Name Pressler	First Name Larry		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck C	Contribution ID 3	# Amount of Contribution
Residential Street Address 800 25th St NW Ste 504		City Washington		State DC	Zip Code 20037-2208		Received 09/2010	
Principal Occupation Lawyer/Professor		Name of Employer Pressler Group		•	Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$500.0	\$500.00

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 10/12/2010
		B. Itemized Contribut	tions fron	ı Individu	ıals			
Last Name Reagan	First Name David		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 099	ibution ID #	Amount of Contribution
Residential Street Address 197 Long Wharf Dr		City Mystic		State CT	Zip Code 06355-3136	Date Rece 09/09/2		
Principal Occupation Developer - Residential		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	s200.00	\$200.00
Last Name Sayres	First Name Philip		MI C	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 099	ibution ID #	Amount of Contribution
Residential Street Address 6 Palmer Martin Rd		City East Haddam		State CT	Zip Code 06423-1351	Date Rece 09/09/2		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$50.00	\$50.00
Last Name Sayres	First Name Starr		MI E	Cash	contribution: X Personal Cl	neck 099	ibution ID #	Amount of Contribution
Residential Street Address 6 Palmer Martin Rd		City East Haddam		State CT	Zip Code 06423-1351	Date Reco		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	s50.00	\$50.00
Last Name Sulmasy	First Name Glenn		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 099	ibution ID #	Amount of Contribution
Residential Street Address 2 Lonicera Ct		City Old Lyme		State CT	Zip Code 06371-2804	Date Rece 09/09/2		
Principal Occupation Head, Dept. of Humanities, Law Professor		Name of Employer US Coast Guard Academy		•	Is this contribution associa fundraising event listed in If yes, list Event # 072	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate Co	stributions \$100.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI		contribution:		Contribution	on ID#	Amount of
Sztam	Christoph	er			Cash Money	=	sonal Check dit/Debit Card	0997		Contribution
Residential Street Address		City			State	Zip Code	1	Date Received		
9 Fox Run Rd		New Cana	aan		СТ	06840-2820		09/09/2010	0	
Principal Occupation		Name of En				Is this contribution fundraising event li		1^	Yes	
Global Head-Corporate Marketing		Barclays	Саріцаі			If yes, list Event #	0901201	<u>0a</u> L	No	
Is contributor a principal of a state contractor o state contractor?	r prospective		Yes X No	1	utor a lobbyis	-	Aggr	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I -	res x	•		\$2	200.00	\$200.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Wendell	George				Cash Money	=	sonal Check dit/Debit Card	0998		Contribution
Residential Street Address		City			State	Zip Code	1	Date Received		
150 Woodridge Dr		New Cana	aan		СТ	06840-3511		09/09/2010	0	
Principal Occupation		Name of En				Is this contribution fundraising event li		1^	Yes	
Lawyer		Self-Emp	oloyed			If yes, list Event #			No	
Is contributor a principal of a state contractor o state contractor?	r prospective		Yes X No	1	utor a lobbyis	-	Aggr	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		9	\$50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Wyckoff	Stephen			S	Cash Money	=	sonal Check dit/Debit Card	0999		Contribution
Residential Street Address		City			State	Zip Code	1	Date Received		
308 N Wilton Rd		New Cana	aan		СТ	06840-2701	'	09/09/2010	0	
Principal Occupation		Name of En Marsh, I				Is this contribution fundraising event li		J1?	Yes	
Insurance Broker		maisii, ii	ic.			If yes, list Event #	0901201	<u>0a</u> L	No	
Is contributor a principal of a state contractor o state contractor?	r prospective		Yes X No		utor a lobbyis child of a lob		Aggr	egate Contribu	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I -	res x	•		\$2	250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Lynch	Alexander	-		Т	Cash Money	=	sonal Check dit/Debit Card	1000		Contribution
Residential Street Address		City			State	Zip Code	1	Date Received		
5 Woodside Rd		Greenwic	h		СТ	06830-3818		09/10/2010	0	
Principal Occupation		Name of En				Is this contribution fundraising event li		J1?	Yes	
Banking		JP Morga	ın			If yes, list Event #		x	No	
Is contributor a principal of a state contractor o	r prospective		Yes X No	1	utor a lobbyis	-	Aggr	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob	-		\$4,5	500.00	\$1,000.00
government the contract is with:					·	•				l .

		I. MONETARY R	ECEIPT	ΓS (Sectio	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 10/12/2010
		B. Itemized Contribu	ıtions fro	m Individı	ıals			
Last Name Davies	First Name Judith		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 10	ntribution ID #	Amount of Contribution
Residential Street Address 332 Joshuatown Rd		City Lyme	-	State CT	Zip Code 06371-3000	Date Re	eceived ./2010	
Principal Occupation Homemaker		Name of Employer Homemaker		·	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate C	Contributions \$50.00	\$50.00
Last Name Fraise	First Name George		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 10	ntribution ID #	Amount of Contribution
Residential Street Address 7 Huckleberry Hill Rd		City Wilton		State CT	Zip Code 06897-2802	Date Re 09/13	eceived B/2010	
Principal Occupation Investment Advisor		Name of Employer Sustainable Growth Adviso	ors	·	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	byist?	Aggregate C	Contributions \$150.00	\$150.00
Last Name Fiorentino	First Name Vincent		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck 10	ntribution ID #	Amount of Contribution
Residential Street Address 8 Meadow Rd		City Riverside		State CT	Zip Code 06878-2320	Date Re	eceived 8/2010	
Principal Occupation Financial Advisor		Name of Employer UBS Financial Services			Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	bbyist?	Aggregate C	Contributions \$100.00	\$100.00
Last Name Boyd	First Name Jeffrey		MI	Cash	contribution: X Personal C y Order Credit/Deb	heck 10	ntribution ID #	Amount of Contribution
Residential Street Address 34 Brookridge Dr		City Greenwich		State CT	Zip Code 06830-4830	Date Re 09/14	eceived 1/2010	
Principal Occupation President & CEO		Name of Employer Priceline.com		•	Is this contribution association fundraising event listed in If yes, list Event # 090		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ributor a lobbyis ent child of a lob Yes	bbyist?	Aggregate C	Contributions \$1,000.00	\$1,000.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ito	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Braddock	Richard			S	Cash Money	Personal C x Credit/De		1006		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
10 Gracie Sq		New York			NY	10028-8031	0	9/14/2010)	
Principal Occupation CEO		Name of En Flash Dir				Is this contribution associ fundraising event listed in If yes, list Event # 09			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu	tions 00.00	\$1,000.00
Last Name	First Name			MI		contribution:		Contributio	n ID#	Amount of
Coppage	Timothy			Н	Cash Money	y Order X Personal C		1012		Contribution
Residential Street Address	-	City			State	Zip Code	D	ate Received		
4 Muirfield Rd		Bloomfiel	d		СТ	06002-2378	0	9/14/2010)	
Principal Occupation		Name of En	nployer			Is this contribution associ		1^	Yes	
Vice President		Self-Emp	oloyed			fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu	tions -75.00	\$1,500.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Breeden	Linda			Н	Cash Money	y Order Personal C		1007		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
435 Round Hill Rd		Greenwic	h		СТ	06831-2618	0	9/14/2010)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in		1^	Yes	
Self-employed		Self				If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis		Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		\$3,5	00.00	\$3,500.00
government the contract is with:		Executive	Legislative	+ -	res x		<u> </u>	1		<u> </u>
Last Name Breeden	First Name Richard			MI C	Method of Cash	contribution:	Check	Contributio	n ID#	Amount of Contribution
Breeden	Kichara					y Order Credit/De		1008		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
435 Round Hill Rd		Greenwic	h		СТ	06831-2618	0	9/14/2010)	
Principal Occupation		Name of En	nployer			Is this contribution associ fundraising event listed in		1^	Yes	
Self-employed		Self				If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of		E	П	Î	t child of a lob Yes	•			00.00	\$3,500.00
government the contract is with:		Executive	Legislative	Т Г ,	res X	NO				1

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Cholnoky	Regina				Cash Money	Personal C x Credit/Deb		1009		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		
515 W Maple Ave		Greenwic	h		СТ	06830	0	9/14/2010)	
Principal Occupation		Name of En	nployer		•	Is this contribution associa		1^	Yes	ĺ
Sales Associate		Worth				fundraising event listed in If yes, list Event # 092	Section J 142010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of				Î	t child of a lob Yes	•		\$1	00.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+-				1		
Last Name Conte	First Name Jean-Pier	~ <u>~</u>		MI	Method of Cash	contribution:	'heck	Contributio	n ID#	Amount of Contribution
Conte	Jean Hen				_	y Order X Credit/Deb		1011		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Cherry St		San Fran	cisco		CA	94118-1602	0	9/14/2010)	
Principal Occupation		Name of En	mployer		•	Is this contribution associa			Yes	
Chairman and Managing Directore	!	Genstar	Capital, LLC			fundraising event listed in If yes, list Event #	Section J	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis	-	Aggre	gate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	-		\$3,5	00.00	\$3,500.00
government the contract is with:		Executive	Legislative	+ =				1		
Last Name Cotton	First Name Andrea			MI	Method of Cash	contribution: X Personal C	heck	Contributio	n ID#	Amount of Contribution
- Cotton	7					y Order Credit/Deb	oit Card	1013		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
41 Pine Mountain Rd		West Red	lding		СТ	06896-2717	0	9/14/2010)	ļ
Principal Occupation		Name of En	mployer			Is this contribution associa		a x	Yes	
Consultant		Columbia	a Group			fundraising event listed in If yes, list Event # 092			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	outor a lobbyis	t spouse or		t- Ct-il	4:	
state contractor? Is yes, indicate which branch or branches of			Yes No		t child of a lob	byist?	Aggre	gate Contribu \$1	.00.00	\$100.00
government the contract is with:		Executive	Legislative		res X	No				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Cotton	James				Cash Money	y Order Personal C		1014		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
41 Pine Mountain Rd		West Red	lding		СТ	06896-2717	0	9/14/2010)	
Principal Occupation		Name of Er				Is this contribution associa		1^	Yes	
Self-employed		Self-Emp	oloyed			fundraising event listed in If yes, list Event # 092			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		-	00.00	\$100.00
government the contract is with:	Ш	Executive	Legislative	_ L L	res X	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							С	Origina	1 10/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Downey	First Name Claudia		MI L	Cash	contribution: X Personal Cl y Order Credit/Deb	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 3 Guardhouse Dr		City Redding		State CT	Zip Code 06896-1827		Received 14/2010		
Principal Occupation Teacher		Name of Employer Redding Board of Education			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	te Contribution \$500	1	\$500.00
Last Name Downey	First Name John		MI R	Cash	contribution: X Personal Cl y Order Credit/Deb	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 3 Guardhouse Dr		City Redding		State CT	Zip Code 06896-1827		Received 14/2010		
Principal Occupation Attorney		Name of Employer Rome-McGuigan			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Y	1	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution \$500	1	\$500.00
Last Name Fribourg	First Name Paul		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 277 Park Ave FI 50		City New York		State NY	Zip Code 10172-0003		Received 14/2010		
Principal Occupation Chmn & CEO		Name of Employer Continetal Grain Company			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Y	1	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	\$1,000	1	\$1,000.00
Last Name Goergen	First Name Robert		MI B	Cash	contribution: X Personal Cl y Order Credit/Deb	neck	Contribution II	ID#	Amount of Contribution
Residential Street Address 1 E Weaver St Ste 2		City Greenwich		State CT	Zip Code 06831-5173		Received 14/2010		
Principal Occupation Chmn & CEO		Name of Employer Blyth, inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 090		X Y	1	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	te Contribution \$1,000	1	\$1,000.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ons from	Individ	uals				
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Graves	Tony				Cash Mone	Personal (x Credit/De		1032		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
76 High Valley Dr		Canton			СТ	06019-4523	0	9/14/201	0	
Principal Occupation		Name of E				Is this contribution assoc fundraising event listed in			Yes	
Project Manager		The Den	inis Group, LLC	_		If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 m		No		\$	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Hanzalek	Astrid				Cash Mone	y Order Personal Credit/De		1034		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
31 Abraham Ter		Suffield			СТ	06078-2167	0	9/14/201	0	
Principal Occupation		Name of E	mployer			Is this contribution assoc fundraising event listed in		1.7	Yes	
Retired		Retired				If yes, list Event # 09			No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lol		Aggre	egate Contrib	utions 100.00	\$100.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	I MI		contribution:	<u> </u>		ID #	<u> </u>
Hobbs	Franklin			W	Cash	y Order Personal Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received	l	
720 Park Ave		New Yorl	k		NY	10021-4954	0	9/14/201	0	
Principal Occupation		Name of E				Is this contribution assoc fundraising event listed in			Yes	
Self-employed		Self-Em	ployed			If yes, list Event #	. section	···	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of		P (child of a lol	bbyist? No		\$3,	500.00	\$3,500.00
government the contract is with:	le or	Executive	Legislative	 	1		<u> </u>	Τ		
Last Name Huffard	First Name Jay			MI	Cash	contribution: X Personal of the property of t		Contributi	on ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	Е	ate Received		
8 Maher Ave		Greenwid	ch		СТ	06830-5617	0	9/14/201	0	
Principal Occupation		Name of E				Is this contribution assoc fundraising event listed in		1.	Yes	
Executive		Huffard	& Company			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lol	bbyist? No		\$1,	000.00	\$1,000.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)					
NAME OF COMMITTEE										FILING	G DUE DATE
Foley For Governor, Inc.										Origin	al 10/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals					
Last Name	First Name			MI	Method of	contribution:			Contributi	ion ID#	Amount of
Johnson	Brenda			L	Cash Money	y Order	Personal C X Credit/Deb		1039		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
34 Stag Ln		Greenwic	:h		СТ	06831-3	3128	0	9/14/201	0	_
Principal Occupation		Name of E	mployer			1	ntribution associa		1/	Yes	
Diplomat-Retired		Retired				If yes, list	g event listed in Event # 090	Section 3 092010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis			Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	dependent	t child of a lob	-			\$3,	500.00	\$3,500.00
Last Name	First Name			MI	Method of	contribution:	_		Contributi	ion ID#	Amount of
Maroney	Robert			E	Cash Money	y Order	X Personal C Credit/Deb		1042		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	1	
PO Box 414		Fishkill			NY	12524-0	0414	0	9/14/201	0	1
Principal Occupation		Name of E	mployer			I	ntribution associa		1/	Yes	
Investor/Advisor		Connect	icut Investments LLC			If yes, list	g event listed in Event # 090)92010		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?		Aggre	egate Contrib \$2,	utions 000.00	\$2,000.00
government the contract is with: Last Name	First Name	Executive	Degisianve	МІ		contribution:		<u> </u>	I		<u> </u>
Matthews	Phil			IVII	Cash		X Personal C Credit/Deb		Contributi	ion ID#	Amount of Contribution
Residential Street Address	-	City			State	Zip Code		D	ate Received	1	
223 Glenville Rd		Greenwic	ch		СТ	06831-	4432	0	9/14/201	0	
Principal Occupation		Name of E	mployer			I	tribution associa		a D	Yes	
Retired		Retired				If yes, list	g event listed in Event # 090	Section J 092010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis			Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		E	Legislative		t child of a lob Yes	•			\$3,	500.00	\$3,500.00
government the contract is with:	<u> </u>	Executive	Legislative	+-					1		<u> </u>
Last Name McArdle	First Name Kevin			MI J	Method of Cash	contribution:	X Personal C	heck	Contributi	ion ID#	Amount of Contribution
MCAIGIE	Reviii				_	y Order	Credit/Deb		1044		Contribution
Residential Street Address	-	City			State	Zip Code		D	ate Received	1	
57 Cherrylawn Ln		Northpor	t		NY	11768-	1170	0	9/14/201	0	
Principal Occupation		Name of Er	nployer		•	1	tribution associa		1/	Yes	
East Coast Worldwide		Manager				I	g event listed in Event # 090	Section J 092010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis			Aggre	egate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	t child of a lob Tes				\$3,	500.00	\$3,500.00
government the contract is with:	ш	Executive	Legislative	Т П,	res	INO					

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Foley For Governor, Inc.							0	Origina	1 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•		
Last Name McCann	First Name Anna		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 8 Agawam Ave		City Old Saybrook		State CT	Zip Code 06475-3102		e Received /14/2010		
Principal Occupation Self-employed		Name of Employer Com R.E.			Is this contribution associa fundraising event listed in If yes, list Event #			es Io	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution \$200		\$200.00
Last Name Miller	First Name Priscilla		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 255 Via Tortuga		City Palm Beach		State FL	Zip Code 33480		e Received /14/2010		
Principal Occupation Volunteer		Name of Employer Volunteer			Is this contribution associa fundraising event listed in If yes, list Event # 090		x Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution \$3,500		\$3,500.00
Last Name Nielsen	First Name Mark		MI D	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 3 Parley Ln		City Ridgefield		State CT	Zip Code 06877-4903		e Received /14/2010		
Principal Occupation Attorney		Name of Employer Praxair, Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 090		1 1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregat	te Contribution \$1,000		\$1,000.00
Last Name O'Connor	First Name Brian		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 285 Lake Ave		City Greenwich		State CT	Zip Code 06830-4517		e Received /14/2010		
Principal Occupation Attorney		Name of Employer Diserio Martin O'Connor & Ca	astiglioni	•	Is this contribution associa fundraising event listed in If yes, list Event # 090		1 1		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of accomment the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution \$500		\$500.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Foley For Governor, Inc.							Orig	ginal 10/12/2010
		B. Itemized Contributi	ions from	Individu	ıals		•	
Last Name O'Connor	First Name Maura		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	ontribution ID #	Amount of Contribution
Residential Street Address 285 Lake Ave		City Greenwich		State CT	Zip Code 06830-4517		Received .4/2010	
Principal Occupation Teacher		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 090		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$500.0	\$500.00
Last Name Eilers	First Name Robert		MI F	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	ontribution ID#	Amount of Contribution
Residential Street Address 24 Ferry Ln		City Simsbury		State CT	Zip Code 06070-1803		Received .4/2010	
Principal Occupation Insurance Agent		Name of Employer Brown & Brown of CT Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$100.0	\$100.00
Last Name Zakszewski	First Name James		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	ontribution ID #	Amount of Contribution
Residential Street Address 132 Shipman Dr		City Glastonbury		State CT	Zip Code 06033-4190		Received .4/2010	
Principal Occupation Pharmacy Consultant		Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$100.0	\$100.00
Last Name Crumbine	First Name Beatrice		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	ontribution ID#	Amount of Contribution
Residential Street Address 3 Copper Beech Rd		City Greenwich		State CT	Zip Code 06830-4033		Received .4/2010	
Principal Occupation Civil Leader		Name of Employer The Maritime Aquarium			Is this contribution associa fundraising event listed in If yes, list Event # 090		X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$50.0	0 \$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Foley For Governor, Inc.							Ori	iginal 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Crumbine	First Name Peter		MI	Cash	contribution: X Personal Cl	heck 1	Contribution ID #	4 Amount of Contribution
Residential Street Address 3 Copper Beech Rd		City Greenwich		State CT	Zip Code 06830-4033		Received 14/2010	
Principal Occupation Vice President		Name of Employer RBS Sempra		•	Is this contribution associa fundraising event listed in If yes, list Event # 090		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$50.0	\$50.00
Last Name Pritchard	First Name Thomas		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	Contribution ID #	4 Amount of Contribution
Residential Street Address 425 Peachtree Battle Ave NW		City Atlanta		State GA	Zip Code 30305-4063		Received 14/2010	
Principal Occupation Owner		Name of Employer E2 Capital Group, LLC		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$3,500.0	\$3,500.00
Last Name Pyne	First Name Robert W		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	Contribution ID #	# Amount of Contribution
Residential Street Address 77 Park Ave		City Greenwich		State CT	Zip Code 06830-4849		Received 14/2010	
Principal Occupation Independent Consultant		Name of Employer Life Options LLC			Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	e Contributions \$250.0	\$250.00
Last Name Pyne	First Name Lisa		MI E	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	Contribution ID #	# Amount of Contribution
Residential Street Address 77 Park Ave		City Greenwich		State CT	Zip Code 06830-4849		Received 14/2010	
Principal Occupation Benefits Director		Name of Employer Philips Electronics		•	Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$1,250.0	\$250.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)					
NAME OF COMMITTEE										FILING	G DUE DATE
Foley For Governor, Inc.										Origin	al 10/12/2010
		B. It	emized Contributi	ons fron	ı Individu	uals					
Last Name	First Name			MI	Method of	contribution:	_		Contributi	ion ID#	Amount of
Comunale	Sal				Cash Money	y Order	X Personal C Credit/Deb		1010		Contribution
Residential Street Address	-	City			State	Zip Code		D	ate Received	I	
8 Osee Pl		Cos Cob			СТ	06807-	2307	0	9/14/201	0	_
Principal Occupation Investor		Name of Er Self-emp				fundraisin	ntribution associa	Section J	11? E	Yes	
				_		If yes, list	Event# <u>090</u>)92010 I	<u>A</u> L		<u> </u>
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative		outor a lobbyis t child of a lob Yes	obyist?		Aggre	egate Contrib \$3,	utions 500.00	\$3,500.00
Last Name	First Name			MI	Method of	contribution	_		Contributi	ion ID#	Amount of
Delano	Diana				Cash Money	y Order	X Personal C Credit/Deb		1019		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	1	
143 Old Church Rd		Greenwic	:h		СТ	06830-	4861	0	9/14/201	0	
Principal Occupation		Name of Er				1	ntribution associa		1/	Yes	
Money Manager		Beck, Ma	ack & Oliver, LLC			I	-	142010		No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	-		Aggre	gate Contrib \$1,	utions 000.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:			Contributi	ion ID #	Amount of
Miller	Donald			K	Cash Money	y Order	X Personal C Credit/Deb		1047		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
588 Round Hill Rd		Greenwic	:h		СТ	06831-	2724	0	9/14/201	0	
Principal Occupation Axiom International Investors LLC	2	Name of Er Axiom Ir	nployer nternational Investor	rs		fundraisin	ntribution associa ng event listed in Event # 090		^{11?} –	Yes No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis	-		Aggre	gate Contrib	utions	Ī
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		t child of a lob res	obyist? No			\$3,	500.00	\$3,500.00
Last Name	First Name			MI	Method of	contribution:			Contributi	ion ID#	Amount of
DaPuzzo	Peter			J	Cash Money	y Order	Personal C X Credit/Deb		1017		Contribution
Residential Street Address		City			State	Zip Code		D	ate Received	I	
18 Pilot Rock Ln		Riverside			СТ	06878-	2621	0	9/14/201	0	
Principal Occupation Retired		Name of Er Retired	nployer			fundraisin	ntribution associa ng event listed in Event # 091	Section J	11? E	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	_		Yes X No	dependent	outor a lobbyis t child of a lob	obyist?		Aggre	gate Contrib	utions 500.00	\$1,000.00
government the contract is with:		Executive	Legislative		res x	No					

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Fisher	Melissa				Cash Money	y Order X Personal C		1026		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Hobart Dr		Greenwic	ch		СТ	06831-4407	0	9/14/2010)	
Principal Occupation		Name of Er	nployer		_	Is this contribution associ		1^	Yes	
Homemaker		Homema	aker			fundraising event listed in If yes, list Event # 09	1 Section . 092010	I .	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		.			child of a lob	•		\$7,0	00.00	\$3,500.00
government the contract is with:		Executive	Legislative	 	1		<u> </u>	1		
Last Name Fisher	First Name Andrew			MI	Method of Cash	contribution: Personal O	Check	Contributio	on ID #	Amount of Contribution
						y Order X Credit/De	bit Card	1025		Commodium
Residential Street Address		City			State	Zip Code	D	Date Received		
1 Hobart Dr		Greenwic	ch		СТ	06831-4407	0	9/14/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		1^	Yes	
Self-emloyed		Self-Em	oloyed			1	092010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of			Legislative	I —	child of a lob	-		\$7,0	00.00	\$3,500.00
government the contract is with:	<u> </u>	Executive	Legislative	+-				1		
Last Name David	First Name George			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Buviu	deorge				_	y Order Credit/De	bit Card	1018		Contribution
Residential Street Address		City			State	Zip Code	D	Date Received		
605 Deercliff Rd		Avon			СТ	06001-2856	0	9/14/2010)	
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in			Yes	
Retired Chairman & CEO		Retired f Corporat	rom United Technolo tion	ogies		If yes, list Event #	i bection .	x	No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of			_	I —	child of a lob	-	1 300	-	00.00	\$3,500.00
government the contract is with:	<u>. </u>	Executive	Legislative		res X	No		1		
Last Name	First Name			MI		contribution:	Thools	Contributio	on ID#	Amount of
Wilson	James F.	,		F	Cash Money	y Order Credit/De		1067		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
44 Greenhaven Rd		Rye			NY	10580-2209	0	9/14/2010)	ļ
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		1^	Yes	
Investment Management		Carl Mar	ks Management Co.			If yes, list Event # 09		I .	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	_		_	I —	child of a lob	-		-	00.00	\$1,000.00
government the contract is with:		Executive	Legislative		res X	No				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Zimmerman	Michael			R	Cash Money	y Order X Personal Credit/De		1069		Contribution
Residential Street Address	•	City		•	State	Zip Code	Е	Date Received		
67 Glenville Rd		Greenwic	h		СТ	06831-4427	0	9/14/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution assoc		1^	Yes	
Investment Manager		Tower Ca	apital,LLC			fundraising event listed in If yes, list Event # 09	n Section . 092010		No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of				1 ~	t child of a lob	*		\$7,0	00.00	\$3,500.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No		1		1
Last Name McArdle	First Name Brian			MI P	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of
MCArdie	Dilaii			F		y Order Credit/De		1040		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
110 Flintlock Rd		Southpor	t		СТ	06890-1076	0	9/14/2010	0	
Principal Occupation		Name of En	nployer			Is this contribution assoc		1^	Yes	
Business Owner		ECS Trar	nsportation			fundraising event listed in If yes, list Event # 09	092010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative		t child of a lob Yes	-		\$7,0	00.00	\$3,500.00
government the contract is with: Last Name	First Name	Executive	Legislative	<u>Тмі</u>		contribution:	<u> </u>	I		
McArdle	Laurie			IVII	Cash	X Personal	Check	Contribution 1041	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	1041		
Residential Street Address		City			State	Zip Code		Date Received		
110 Flintlock Rd		Southpor	t		СТ	06890-1076	0	09/14/2010	0	ļ
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed is		a x	Yes	
Homemaker		Homema	iker			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of				1 m	t child of a lob	•		•	00.00	\$3,500.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No				
Last Name	First Name			MI		contribution:	Check	Contribution	on ID#	Amount of
Hamilton-Merritt	Jane				Cash Money	y Order Credit/De		1033		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
25 Old Hattertown Rd		Redding			СТ	06896-2114	0)9/14/2010	0	ļ
Principal Occupation		Name of En	nployer			Is this contribution assoc fundraising event listed in		1^	Yes	
Retired		Retired				If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-			250.00	\$250.00
government the contract is with:	니	Executive	Legislative	Y	res X	No				

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Foley For Governor, Inc.							Orig	ginal 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•	
Last Name Merritt	First Name Henry		MI F	Cash	contribution: X Personal Cl	neck 1	ontribution ID #	Amount of Contribution
Residential Street Address 25 Old Hattertown Rd		City Redding		State CT	Zip Code 06896-2114		Received .4/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$1,250.00	\$250.00
Last Name Boeschenstein	First Name Stephen		MI S	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1	ontribution ID #	Amount of Contribution
Residential Street Address 30 Valley Rd		City New Canaan		State CT	Zip Code 06840-3808		Received .4/2010	
Principal Occupation Executive		Name of Employer Stanwich Partners LLC			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$400.00	\$150.00
Last Name Henry	First Name Barbara		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1	ontribution ID #	Amount of Contribution
Residential Street Address 74 Mallory Rd		City Roxbury		State CT	Zip Code 06783-2038		Received .4/2010	
Principal Occupation First Selectman		Name of Employer Town of Roxbury			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$100.00	\$50.00
Last Name Henry	First Name Craig		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1	ontribution ID #	Amount of Contribution
Residential Street Address 74 Mallory Rd		City Roxbury		State CT	Zip Code 06783-2038		Received .4/2010	
Principal Occupation Self-Employed		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate	Contributions \$150.00	\$100.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Foley For Governor, Inc.							(Origina	al 10/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Drake	Philip		М	Cash Money	y Order X Personal Cl		1022		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
27 Ridgebrook Rd		Greenwich		СТ	06830-4747	09	0/14/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in			Yes	
Lawyer		Cummings & Lockwood			If yes, list Event #		x 1	No	
Is contributor a principal of a state contractor state contractor?	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contributio	ons	
Is yes, indicate which branch or branches of government the contract is with:		Executive Legislative		res X	-		\$100	0.00	\$100.00
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Erdmann	John		F	Cash Money	y Order Resonal Cl		1024		Contribution
Residential Street Address		City		State	Zip Code	Dat	te Received		
2 Nathan Hale Dr		Norwalk		СТ	06854-5004	09	/14/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		1^1	Yes	
Merrill Lynch		Investment Advisor			· -	92010A	11.	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of		.	1 ⁻	child of a lob	•		\$1,000	0.00	\$1,000.00
government the contract is with:	<u></u>	Executive Legislative	+ -			<u> </u>			
Last Name Floren	First Name Olivia		MI	Method of Cash	contribution: X Personal Cl	neck	Contribution I	ID#	Amount of Contribution
				_	y Order Credit/Debi	it Card	1027		Commount
Residential Street Address		City		State	Zip Code	- 1	te Received		
210 Round Hill Rd		Greenwich		СТ	06831-3357	09	0/14/2010		
Principal Occupation		Name of Employer State of Connecticut			Is this contribution associa fundraising event listed in		.? 뜨		
State Representative		State of Connecticut			If yes, list Event # 090	92010A	7	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis	-	Aggrega	ate Contributio	ons	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	·		\$1,000	0.00	\$1,000.00
government the contract is with: Last Name	First Name	Legislative	I _{MI}	1		<u> </u>			
Flynn	William		J MI	Cash	contribution: X Personal Cl	neck	Contribution I	ID#	Amount of Contribution
,		1		Money	y Order Credit/Debi	it Card	1028		
Residential Street Address		City		State	Zip Code	- 1	te Received		
212 E 57th St		New York		NY	10022-2811		0/14/2010		
Principal Occupation		Name of Employer The Roman Catholic Diocese	of		Is this contribution associa fundraising event listed in		? 브	Yes	
Reverend/ Retired		Norwich			If yes, list Event #		x 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggrega	ate Contributio	ons	
Is yes, indicate which branch or branches of		Executive Legislative		child of a lob	-		\$500	0.00	\$500.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	on A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ons from	Individ	uals				
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Frantz	Allison			Н	Cash Mone	y Order Registration X Personal C		1029		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
123 Meadow Rd		Riverside	9		СТ	06878-2521		9/14/201	0	1
Principal Occupation Homemaker		Name of E				Is this contribution associ fundraising event listed in		J1?		
пошешаке		riomem	ukci			If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative			No		\$3,	500.00	\$3,500.00
Last Name	First Name			MI		contribution:		Contributi	on ID#	Amount of
Orchulli	Jack				Cash Mone	y Order X Personal C		1052		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
446 Hollow Tree Ridge Rd		Darien			СТ	06820-3031	_	9/14/201	0	ļ
Principal Occupation		Name of E	mployer			Is this contribution associ fundraising event listed in		J1?	Yes	
Retired		Retired				If yes, list Event # 09	092010	<u>DA</u> L	No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 m		No		\$1,	00.00	\$1,000.00
Last Name	First Name			MI		contribution:		Contributi	on ID #	Amount of
Pizzimenti	John				Cash	X Personal (1053	01125	Contribution
Residential Street Address		City			State	y Order Credit/De		Date Received		
126 Rose Haven Rd		Somers			CT	06071-1215)9/14/201		
Principal Occupation		Name of E	mployer		-	Is this contribution associ		1.7	Yes	
Recycling & Waste Handling		Somers	Sanitation SVC			fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	st. spouse, or	Aggre	egate Contrib	utions	†
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lot	obyist?	Aggic	-	250.00	\$250.00
government the contract is with:		Executive	Legislative	L \	res X	No		1		
Last Name Read	First Name John			MI	Method of Cash	contribution:	Check	Contributi	on ID#	Amount of Contribution
Redu	301111					y Order Credit/De	bit Card	1057		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
111 Marlborough Rd		Briarcliff			NY	10510-2012	_	9/14/201		
Principal Occupation Non-profit		Name of E	mployer d Bound, USA			Is this contribution associ fundraising event listed in		J1?	Yes	
			•	,		If yes, list Event # 09	142010	<u>DA</u> L	No]
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contrib		
Is yes, indicate which branch or branches of		Executive	Legislative			No		\$	500.00	\$500.00

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 10/12/2010
		B. Itemized Contribu	tions fron	n Individu	ıals			
Last Name Reynolds	First Name Timothy		MI J	Cash	contribution: X Personal Cl y Order	heck 1058	ution ID#	Amount of Contribution
Residential Street Address 192 Quail Run Rd		City Suffield		State CT	Zip Code 06078-1803	Date Receiv 09/14/20		
Principal Occupation CPA		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggregate Conti	sibutions \$100.00	\$100.00
Last Name Santomero	First Name Camillo		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1059	ution ID #	Amount of Contribution
Residential Street Address 393 Guard Hill Rd		City Bedford		State NY	Zip Code 10506-1043	Date Receiv 09/14/20		
Principal Occupation Managing Director		Name of Employer Guard Hill Holdings			Is this contribution associa fundraising event listed in If yes, list Event # 090		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ributions	\$1,000.00
Last Name Santomero	First Name Denise		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1060	ution ID#	Amount of Contribution
Residential Street Address 393 Guard Hill Rd		City Bedford		State NY	Zip Code 10506-1043	Date Receiv 09/14/20		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 090		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Conti	ributions 1,000.00	\$1,000.00
Last Name Shumway	First Name Chris		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1061	ution ID#	Amount of Contribution
Residential Street Address 1 Fawcett Pl Ste 130		City Greenwich		State CT	Zip Code 06830-6553	Date Receiv 09/14/20		
Principal Occupation Chairman		Name of Employer Shumway Capital Partners		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Contr	ributions 3,500.00	\$3,500.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.								Origina	al 10/12/2010
		B. Itemized Contribut	ions from	ı Individu	ıals				
Last Name Stapleton	First Name Craig		MI	Cash	contribution: X Personal Cl y Order		Contribution	ID#	Amount of Contribution
Residential Street Address 135 E Putnam Ave		City Greenwich		State CT	Zip Code 06830-5612		te Received 9/14/2010		
Principal Occupation President		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 090		? <u> </u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contribution \$3,50		\$3,500.00
Last Name Stapleton	First Name Dorothy		MI D	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 135 E Putnam Ave		City Greenwich		State CT	Zip Code 06830-5612		te Received 9/14/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event # 090		?		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution		\$3,500.00
Last Name Turner	First Name Stephen		MI	Cash	contribution: X Personal Cl		Contribution	ID#	Amount of Contribution
Residential Street Address 67 Londonderry Dr		City Greenwich		State CT	Zip Code 06830-3509		te Received 9/14/2010		
Principal Occupation Lawyer		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contributio	ons 00.00	\$100.00
Last Name Van Verdeghem	First Name Irene		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 527 Alewife Pkwy		City New London		State CT	Zip Code 06320-2943		te Received 9/14/2010		
Principal Occupation Volunteer		Name of Employer Volunteer			Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1	? <u> </u>		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contributio	ons 38.00	\$38.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Van Verdeghem	Jack				Cash Money	y Order X Personal C		1066		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
527 Alewife Pkwy		New Lond	don		СТ	06320-2943	0	9/14/2010)	
Principal Occupation Volunteer		Name of En Voluntee			•	Is this contribution associ fundraising event listed in If yes, list Event # 09		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob	byist?	Aggre	egate Contribu	itions 38.00	\$38.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	
Flynn	Garrett				Cash	Personal C y Order X Credit/De		1070	лг нэ #	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	Е	Date Received		
329 Westmont St		West Har	tford		СТ	06117-2934	0	9/15/2010)	
Principal Occupation		Name of En			•	Is this contribution associ			Yes	
Attorney		Law Ofc	G.S. Flynn, LLC			fundraising event listed in If yes, list Event #	Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$1	tions	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Gardner	William				Cash Money	y Order X Credit/De		1071		Contribution
Residential Street Address		City			State	Zip Code	E	Date Received		
6 Graystone Cir		New Cana	aan		СТ	06840-5969	0)9/15/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Attorney		Social Se	ecurity Administratio	n		If yes, list Event #		x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	itions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Grayson	Thomas				Cash	Personal C y Order X Credit/De		1072	,	Contribution
Residential Street Address	-	City			State	Zip Code	Е	Date Received		
83 Belden St		Falls Villa	ge		СТ	06031-1113	0	9/15/2010)	
Principal Occupation Sales/Engineering		Name of En	^{nployer} ed Lightning Rod		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	itions	\$25.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No			-23.00	\$25.00

		I. MONETARY	RECEIP	TS (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 10/12/2010
		B. Itemized Contr	ributions fr	om Individu	ıals		•	
Last Name Stavros	First Name George		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 6046 SW 25th Ave		City Portland		State OR	Zip Code 97239-2081		e Received /15/2010	
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		tributor a lobbyis dent child of a lob Yes	byist?	Aggrega	te Contributions \$25.00	\$25.00
Last Name Gladstone	First Name Laura		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck	Contribution ID#	Amount of Contribution
Residential Street Address 3 Mercia Ln		City Greenwich		State CT	Zip Code 06830-7068		e Received 16/2010	
Principal Occupation Finance		Name of Employer Gladstone Capital		•	Is this contribution association fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		tributor a lobbyistent child of a lob	byist?	Aggregat	te Contributions \$500.00	\$500.00
Last Name Levy	First Name Leora		MI	Cash	contribution: Personal C y Order X Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 59 Pecksland Rd		City Greenwich	-	State CT	Zip Code 06831-3711		e Received /16/2010	
Principal Occupation Volunteer		Name of Employer Volunteer		·	Is this contribution association fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		tributor a lobbyis dent child of a lob Yes	byist?	Aggrega	te Contributions \$2,000.00	\$2,000.00
Last Name Thoms	First Name Robert		MI	Cash	contribution: Personal C y Order x Credit/Deb	heck	Contribution ID #	Amount of Contribution
Residential Street Address 75 Sawmill Rd		City Stamford		State CT	Zip Code 06903-3109		e Received /17/2010	
Principal Occupation Manager		Name of Employer Alexion Pharmaceutical	ls		Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative		tributor a lobbyisident child of a lob	byist?	Aggrega	te Contributions \$50.00	\$50.00

		I. MONETARY RI	ECEIPT	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							C	Origina	1 10/12/2010
		B. Itemized Contribut	tions fron	n Individu	ıals				
Last Name Carper	First Name Linda		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 228 Bayberry Ln		City Westport		State CT	Zip Code 06880-1606		ate Received 9/18/2010		
Principal Occupation Trainer		Name of Employer MDA Training LLC			Is this contribution associa fundraising event listed in If yes, list Event #		Ц Т	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Allawi	First Name Saad		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 9832 N La Reserve Pl		City Oro Valley		State AZ	Zip Code 85737-9363		ate Received 9/18/2010		
Principal Occupation Chairman		Name of Employer Performance Logic			Is this contribution association fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$750		\$500.00
Last Name Winokur, Jr.	First Name Herbert		MI S	Cash	contribution: Personal C y Order X Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 341 North St		City Greenwich		State CT	Zip Code 06830-3901		ate Received 9/18/2010		
Principal Occupation Investments		Name of Employer Capricorn Management LLC			Is this contribution association fundraising event listed in If yes, list Event #		Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	gate Contribution \$2,000		\$1,000.00
Last Name Cashin	First Name Elizabeth		MI S	Cash	contribution: X Personal C y Order Credit/Deb		Contribution II	D#	Amount of Contribution
Residential Street Address 10 Gracie Sq Apt 8G		City New York		State NY	Zip Code 10028-8031		ate Received 9/20/2010		
Principal Occupation volunteer		Name of Employer Unemployed		•	Is this contribution associa fundraising event listed in If yes, list Event #			res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$7,000		\$3,500.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Foley For Governor, Inc.							Orig	inal 10/12/2010
		B. Itemized Contribut	ions fron	Individu	ıals			
Last Name Cashin	First Name Richard		MI M	Cash	contribution: X Personal Cl	neck 10	ontribution ID #	Amount of Contribution
Residential Street Address 10 Gracie Sq Apt 8G		City New York		State NY	Zip Code 10028-8031		eceived 0/2010	
Principal Occupation Finance		Name of Employer JP Morgan Chase		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$7,000.00	\$3,500.00
Last Name Israel	First Name Thomas		MI C	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 11	ontribution ID#	Amount of Contribution
Residential Street Address 21 E 79th St		City New York		State NY	Zip Code 10075-0125		eceived 0/2010	
Principal Occupation President		Name of Employer A.C. Israel Enterprises			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$2,000.00	\$1,000.00
Last Name Ponterotto	First Name John		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 11	ontribution ID #	Amount of Contribution
Residential Street Address 155 Brookwood Ln		City New Canaan		State CT	Zip Code 06840-3104		eceived 0/2010	
Principal Occupation Banker		Name of Employer Oppenheimer & Co.			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate (Contributions \$250.00	\$250.00
Last Name Shaw	First Name Debra		MI L	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 11	ontribution ID #	Amount of Contribution
Residential Street Address 8 Indian Dr		City Old Greenwich		State CT	Zip Code 06870-2307		eceived 0/2010	
Principal Occupation Staffing Director		Name of Employer None		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate (Contributions \$3,500.00	\$3,500.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.							Origin	al 10/12/2010		
		B. Itemized Contribut	ions fron	Individu	ıals					
Last Name Shaw	First Name John		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	neck 1115	ution ID#	Amount of Contribution		
Residential Street Address 8 Indian Dr		City Old Greenwich		State CT	Zip Code 06870-2307	Date Receiv 09/20/20				
Principal Occupation Investor		Name of Employer Resource Holdings LTD.		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate Contr	ibutions 3,500.00	\$3,500.00		
Last Name Simmons	First Name Robert		MI R	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 1116	ution ID#	Amount of Contribution		
Residential Street Address PO Box 268		City Stonington		State CT	Zip Code 06378-0268	Date Receiv 09/20/20				
Principal Occupation Business Advocate		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions \$100.00	\$100.00		
Last Name Fairley	First Name Caroline		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	neck 1093	ution ID#	Amount of Contribution		
Residential Street Address 36 W 84th St Apt 7C		City New York		State NY	Zip Code 10024-4742	Date Receiv				
Principal Occupation homemaker		Name of Employer none			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate Contr	ibutions 7,000.00	\$3,500.00		
Last Name Power	First Name Liz		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	neck 1112	ution ID#	Amount of Contribution		
Residential Street Address 54 Oxford Ct		City Mystic		State CT	Zip Code 06355-1705	Date Receiv 09/20/20				
Principal Occupation Director, Media Relations		Name of Employer Pfizer Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate Contr	ibutions \$700.00	\$500.00		

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							C	Origina	1 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Halsey	First Name Martina		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 33 Grey Rock Dr		City Greenwich		State CT	Zip Code 06831-4218		ate Received 9/20/2010		
Principal Occupation Manager		Name of Employer The Field Club of Greenwich			Is this contribution associa fundraising event listed in If yes, list Event #		I Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes X	byist?	Aggre	gate Contribution \$150		\$100.00
Last Name Berardino	First Name Thomas		MI	Cash	contribution: Personal C y Order X Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 295 Brushy Ridge Rd		City New Canaan		State CT	Zip Code 06840-4212		ate Received 9/20/2010		
Principal Occupation Managing Director		Name of Employer Saugatuck Capital			Is this contribution associa fundraising event listed in If yes, list Event # 091		11? 🗀 1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$500		\$500.00
Last Name Borns	First Name Cynthia		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 1 Chapman Pl		City West Redding		State CT	Zip Code 06896-1224		ate Received 9/20/2010		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00
Last Name Vorvis	First Name Peter		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution I	ID#	Amount of Contribution
Residential Street Address 1 Chapman Pl		City West Redding		State CT	Zip Code 06896-1224		ate Received 9/20/2010		
Principal Occupation Business Owner		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribution \$100		\$100.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILI	NG DUE DATE		
Foley For Governor, Inc.							Orig	ginal 10/12/2010		
		B. Itemized Contributi	ons from	Individu	ıals		•			
Last Name Burshtein	First Name Kathryn		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 1	Contribution ID #	Amount of Contribution		
Residential Street Address 75 Samp Mortar Dr		City Fairfield		State CT	Zip Code 06824-2463		Received 20/2010			
Principal Occupation IT Management		Name of Employer Beyond IT Support		•	Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	Contributions \$20.00	\$20.00		
Last Name Carreira	First Name Randall		MI J	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1	Contribution ID #	Amount of Contribution		
Residential Street Address 19 New Preston Hill Rd		City New Preston		State CT	Zip Code 06777-1508		Received 20/2010			
Principal Occupation Attorney		Name of Employer Offices of Lawyers		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$100.00	\$100.00		
Last Name Davis	First Name Harold		MI W	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1	Contribution ID #	Amount of Contribution		
Residential Street Address 66 Quaker Farms Rd		City Southbury		State CT	Zip Code 06488-2745		Received 20/2010			
Principal Occupation First Selectman		Name of Employer Town of Southbury			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	Contributions \$250.00	\$250.00		
Last Name Deluca	First Name Elizabeth		MI	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 1	Contribution ID #	Amount of Contribution		
Residential Street Address 1106 Smith Ridge Rd		City New Canaan		State CT	Zip Code 06840-2332		Received 20/2010			
Principal Occupation Owner / President		Name of Employer Fitwell Group LLC			Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes No			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$1,000.00	\$1,000.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.							Origin	al 10/12/2010		
		B. Itemized Contrib	utions fr	rom Individu	ıals					
Last Name Ehlers	First Name Gregory		MI	Method of Cash	contribution:		ution ID#	Amount of Contribution		
		1		- -	y Order Credit/Deb	it Card		-		
Residential Street Address 7 Woods End Rd		City Darien		State CT	Zip Code 06820-2908	Date Receiv 09/20/20				
Principal Occupation Salesman		Name of Employer Owner Owned Navigate A	dvisor	·	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ontributor a lobbyis ndent child of a lob Yes	byist?	Aggregate Contr	ibutions \$250.00	\$250.00		
Last Name Fagan	First Name Kenneth		MI T	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1092	ution ID#	Amount of Contribution		
Residential Street Address 20 Dickinson Rd		City Darien		State CT	Zip Code 06820-5331	Date Receiv 09/20/20				
Principal Occupation Trader		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No		ontributor a lobbyis ndent child of a lob Yes	byist?	Aggregate Contr	ibutions \$250.00	\$250.00		
Last Name Fisch	First Name Michael		MI G	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1094	ution ID#	Amount of Contribution		
Residential Street Address 56 E 92nd St		City New York	•	State NY	Zip Code 10128-1316	Date Receiv 09/20/20				
Principal Occupation Partner		Name of Employer W.R. Family Associates			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ontributor a lobbyis ndent child of a lob Yes	byist?	Aggregate Contr	ibutions	\$1,000.00		
Last Name Fuhrman	First Name Jeffrey		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1095	ution ID#	Amount of Contribution		
Residential Street Address 202 Laurel Rd		City New Canaan		State CT	Zip Code 06840-2706	Date Receiv 09/20/20				
Principal Occupation Business Executive		Name of Employer IMG Artists LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative		ontributor a lobbyis ndent child of a lob Yes	byist?	Aggregate Contr	ibutions \$500.00	\$500.00		

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE							1	FILING	DUE DATE	
Foley For Governor, Inc.							(Origina	al 10/12/2010	
		B. Itemized Contributi	ons fron	ı Individu	ıals		•			
Last Name Gibbons	First Name Lile		MI	Cash	contribution: X Personal Cl		Contribution 1096	ID#	Amount of Contribution	
Residential Street Address 27 Sunset Rd		City Old Greenwich		State CT	Zip Code 06870-2109		te Received /20/2010			
Principal Occupation State Representative		Name of Employer State of CT		•	Is this contribution associa fundraising event listed in If yes, list Event # 091		? ഥ □.			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	\$1,50		\$1,500.00	
Last Name Goergen	First Name Todd		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution 1097	ID#	Amount of Contribution	
Residential Street Address c/o Ropart, 1 E Weaver St		City Greenwich		State CT	Zip Code 06831		te Received /20/2010			
Principal Occupation Managing Partner		Name of Employer Ropart Asset Management LI	_C	•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ste Contribution		\$1,000.00	
Last Name Grenier	First Name Marc		MI J	Cash	contribution: X Personal Cl		Contribution 1098	ID#	Amount of Contribution	
Residential Street Address 242 Franklin Street Ext		City Danbury		State CT	Zip Code 06811-4350		te Received /20/2010			
Principal Occupation Attorney		Name of Employer DePanfilis & Vallerie, LLC			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contribution	ons 0.00	\$100.00	
Last Name Harris	First Name Roger		MI	Cash	contribution: X Personal Cl y Order Credit/Debi		Contribution 1100	ID#	Amount of Contribution	
Residential Street Address 265 Dans Hwy		City New Canaan		State CT	Zip Code 06840-2506		te Received /20/2010			
Principal Occupation Investment Management		Name of Employer Porter Orlin			Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1	? <u> </u>			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio		\$2,000.00	

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Johnson	Johnny				Cash Money	y Order X Persona	Check Debit Card	1102		Contribution
Residential Street Address	l	City			State	Zip Code		Date Received		
12 Tantummaheag Rd		Old Lyme	:		CT	06371-1137		9/20/2010)	
Principal Occupation		Name of En	mployer		-	Is this contribution asso	ciated with	a	Yes	
Developer		Thames	River Properties, LLC	<u> </u>		fundraising event listed If yes, list Event #	in Section	J1? x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:	П	Executive	Legislative	I '─	res x	,		\$5	500.00	\$500.00
Last Name	First Name			I MI	1	contribution:		Contributio	on ID #	
Jones	Gordon			L	Cash	X Persona		1103)II ID #	Amount of Contribution
		T			 		Debit Card			
Residential Street Address 77 Lukes Wood Rd		City New Cana	aan		State CT	Zip Code 06840-2202		Date Received)	
Principal Occupation		Name of Er				Is this contribution asso			Yes	•
Publishing		Gannett	p.o.ye.			fundraising event listed If yes, list Event # 0		J1?] No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu \$1	tions	\$150.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
LaPadula	Vincent				Cash Money	y Order Persona Credit/I	Check Debit Card	1104		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
270 Park Ave		New York	(NY	10017-2014)9/20/2010 		•
Principal Occupation Banker		Name of En	^{mployer} an Chase Private Bar	nk		Is this contribution asso fundraising event listed		J1?	Yes	
Dalikei		30 Morgi	an chase mivate bar	IK.		If yes, list Event # 0	9102010	<u>DA</u> L	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$2	250.00	\$250.00
government the contract is with: Last Name	First Name			MI	1	contribution:		Contributio	on ID #	
Levy	Nancy			N	Cash	Persona	Check Debit Card	1105	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Ι	Date Received		
18 Mayfair Ln		Greenwic	h		СТ	06831-3640	C	9/20/2010)	
Principal Occupation		Name of Er				Is this contribution asso fundraising event listed			Yes	
Real Estate		Kamber	Management Compa	iny		If yes, list Event #	Section	х	No	
Is contributor a principal of a state contractor of	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		E			child of a lob	-		-	00.00	\$1,000.00
government the contract is with:	ш	Executive	Legislative		res X	NO				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Foley For Governor, Inc.							Ori	iginal 10/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals			
Last Name	First Name		MI	Method of	contribution:	С	Contribution ID #	# Amount of
Levy	Peter		В	Cash Money	Personal Ch x Credit/Debi	1	1106	Contribution
Residential Street Address		City		State	Zip Code	Date I	Received	
18 Mayfair Ln		Greenwich		СТ	06831-3640	09/2	20/2010	_
Principal Occupation Real Estate Mgmt		Name of Employer Kamber Management Compa	iny		Is this contribution associate fundraising event listed in St. If yes, list Event #		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	Contributions \$1,000.0	\$1,000.00
Last Name Luse	First Name James		MI	Cash	contribution: X Personal Characteristics	neck 1	Contribution ID #	4 Amount of Contribution
Residential Street Address 7 Konittekock Rd	•	City Greenwich	•	State CT	Zip Code 06831-3730		Received 20/2010	
Principal Occupation Banking		Name of Employer ING		•	Is this contribution associate fundraising event listed in the second of the second second in the second se		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggregate	e Contributions \$500.0	\$500.00
Last Name Muller, Jr.	First Name John		MI A	Cash	contribution: X Personal Ch y Order Credit/Debi	neck 1	Contribution ID #	Amount of Contribution
Residential Street Address 67 Bank St	•	City New Canaan	•	State CT	Zip Code 06840-6203		Received 20/2010	
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associate fundraising event listed in 1 If yes, list Event # 091		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate	e Contributions \$250.0	\$250.00
Last Name Norton	First Name Andrew		MI	Cash	contribution: X Personal Characteristics Personal Characteristics Credit/Debi	neck 1	Contribution ID #	4 Amount of Contribution
Residential Street Address 94 Westchester Rd		City Colchester		State CT	Zip Code 06415-2420		Received 20/2010	
Principal Occupation Justice of the Peace		Name of Employer Town of Colchester			Is this contribution associal fundraising event listed in the second of the second second in the second sec		Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate	e Contributions \$250.0	\$250.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Foley For Governor, Inc.							О	Origina	1 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals		•		
Last Name	First Name		MI	Method of	contribution:	- (Contribution II	D#	Amount of
O'Hora	James		Т	Cash Money	y Order X Personal Cl		1110		Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
382 White Oak Shade Rd		New Canaan		СТ	06840-6929	09/	/20/2010		
Principal Occupation		Name of Employer OMNICAP LLC			Is this contribution associa fundraising event listed in			/es	
Securities - Senior M.D.		OMNICAP ELC			If yes, list Event #		x N	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution \$200		\$200.00
Last Name	First Name		MI	Method of	contribution:		Contribution II	D#	Amount of
Ross	Martin			Cash Money	y Order Personal Cl Credit/Debi		1113		Contribution
Residential Street Address		City		State	Zip Code		Received		
300 Lost District Dr		New Canaan		СТ	06840-2014		/20/2010	\longrightarrow	
Principal Occupation Orthopaedic Surgeon		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregat	te Contribution \$250		\$250.00
Last Name	First Name		MI	Method of	contribution:	1,	Contribution II	D#	A £
Sorbaro	Sheryl			Cash Money	Personal Cl x Credit/Debi	neck	1117	D II	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
34 Khakum Wood Rd		Greenwich		СТ	06831-3748	09/	/20/2010		
Principal Occupation		Name of Employer			Is this contribution associa fundraising event listed in		X Y	/es	
Homemaker		Homemaker			-	02010A	1 1	No	
Is contributor a principal of a state contractor	or prospective	Yes X No		utor a lobbyis		Aggregat	te Contribution	ns	
state contractor? Is yes, indicate which branch or branches of	П	Executive Legislative		child of a lob	•		\$3,500	0.00	\$3,500.00
government the contract is with: Last Name	First Name		I MI	1	contribution:	I,	Contribution II	D#	
Tannenbaum	Leonard			Cash	Personal Cl y Order X Credit/Debi	neck	1120	D#	Amount of Contribution
Residential Street Address		City		State	Zip Code	Date	e Received		
39 Day Rd		Greenwich		СТ	06831-2654	09/	/20/2010		
Principal Occupation CEO		Name of Employer Fifth Street Finance Corp.			Is this contribution associa fundraising event listed in If yes, list Event #		Y	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$1,000		\$1,000.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Thorne	Stacy				Cash Money	Personal (x Credit/De		1121		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
39 Day Rd		Greenwic	h		СТ	06831-2654	0	9/20/2010)	
Principal Occupation Executive Director		Name of En	nployer Investor Relations			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions	\$1,000.00
government the contract is with:	<u></u> 	Executive	Legislative	 	1		<u> </u>	1		
Last Name Walko	First Name Stephen			MI	Cash	contribution: X Personal 0 y Order		Contributio	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
7 Charter Oak Ln		Greenwic	h		СТ	06830-6911	0	9/20/2010)	
Principal Occupation Attorney		Name of En	nployer rnum & O'Mara LLC			Is this contribution associ fundraising event listed in If yes, list Event # 09	n Section .		Yes No	
Is contributor a principal of a state contractorstate contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Wellenius	Jennifer				Cash Money	y Order Personal Credit/De		1124		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
287 Laurel Rd		New Cana	aan		СТ	06840-2707	0	9/20/2010)	
Principal Occupation In charge of 2nd Dist 26th and 125th		Name of En	nployer an Town Committee			Is this contribution association fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob ves	byist?	Aggre	egate Contribu \$5	tions 600.00	\$500.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Wellenius	John				Cash Money	y Order Personal Credit/De		1125		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
287 Laurel Rd		New Cana	aan		СТ	06840-2707	0	9/20/2010)	
Principal Occupation Managing Director		Name of En Navigate	nployer Advisors			Is this contribution associ fundraising event listed in If yes, list Event # 09	n Section .	J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$500.00
government the contract is with:	니	Executive	Legislative	Y	res X	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Whitney	Benson				Cash Money	y Order X Credit/De		1126		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
600 Carlson Pkwy Ste 800		Minneton	ka		MN	55305	0	9/20/2010)	
Principal Occupation		Name of E	mployer		•	Is this contribution assoc			Yes	
Consultant		Self-Emp	oloyed			fundraising event listed in If yes, list Event #	n Section .	x x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		F			child of a lob	*		\$2,0	00.00	\$2,000.00
government the contract is with:		Executive	Legislative	 	I			1		
Last Name Wilmot	First Name Helen			MI A	Method of Cash	contribution:	Check	Contributio	on ID#	Amount of Contribution
						y Order Credit/De	bit Card	1127		
Residential Street Address		City			State	Zip Code	Е	Date Received		
308D Gunntown Rd		Naugatu	ck		СТ	06770	0	9/20/2010)	
Principal Occupation		Name of E				Is this contribution assoc fundraising event listed in			Yes	
Homemaker		Homema	aker			If yes, list Event #	n section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of			_		child of a lob	-		-	25.00	\$25.00
government the contract is with:		Executive	Legislative	L 1	res X	No		1		
Last Name	First Name			MI		contribution:	Chaole	Contributio	on ID#	Amount of
Wilmot	Richard			С	Cash Money	y Order Credit/De		1128		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
308D Gunntown Rd		Naugatud	ck		СТ	06770	0	9/20/2010)	
Principal Occupation		Name of E	mployer			Is this contribution assoc fundraising event listed is			Yes	
Retired		Retired				If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of			_		child of a lob	-		\$	25.00	\$25.00
government the contract is with:		Executive	Legislative	U \	res X	No		1		<u> </u>
Last Name Wilson	First Name			MI S	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of
WIISOII	Mary			3		y Order Credit/De		1129		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
5 Orchard St		Niantic			СТ	06357-2617	0	9/20/2010)	
Principal Occupation		Name of E	mployer			Is this contribution assoc fundraising event listed in			Yes	
Education Admin		Retired				If yes, list Event #	Section .	х	No	
Is contributor a principal of a state contractor	or prospective	L	Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggra	egate Contribu	tions	†
state contractor? Is yes, indicate which branch or branches of			_	dependent	child of a lob	bbyist?	1.881	-	25.00	\$25.00
government the contract is with:	Ш	Executive	Legislative	Y	res X	No				

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Wilson	Steven			E	Cash Money	y Order X Personal Credit/De		1131		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
5 Orchard St		Niantic			СТ	06357-2617	0	9/20/2010)	
Principal Occupation Regional Sls. Mgr		Name of Er Retired	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu	itions \$25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:	<u>'</u>	Contributio	on ID #	Amount of
Wilson	Scott			С	Cash Money	y Order X Personal Credit/De		1130		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
1130 Park Ave Apt 7-2		New York	(NY	10128-1255	0	9/20/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution assoc			Yes	
Financial Advisor		Morgan :	Stanley	_		fundraising event listed is If yes, list Event #	n Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$2,5	tions 500.00	\$2,500.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Abramowitz	Roy				Cash Money	y Order		1080		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
581 Laurel Rd		New Can	aan		СТ	06840-2717	0	09/20/2010)	
Principal Occupation		Name of Er				Is this contribution assoc fundraising event listed in		1^	Yes	
Certified Public Accountant		Roy A. A	bramowitz & Co.			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		-	500.00	\$500.00
government the contract is with:		Executive	Legislative	+ -	res X	No	<u> </u>	1		<u> </u>
Last Name Arnold	First Name Karen			MI	Method of Cash	contribution:	Check	Contributio	on ID #	Amount of Contribution
Arriold	Karen					y Order Credit/De		1081		Contribution
Residential Street Address		City		•	State	Zip Code	Е	Date Received		
28 Tyler City Rd		Orange			СТ	06477-2536	0	9/20/2010)	
Principal Occupation		Name of Er	nployer			Is this contribution assoc		1^	Yes	
Homemaker		Homema	aker			fundraising event listed in If yes, list Event # 09		<u>DA</u> [No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		Francisco d'	□		t child of a lob Yes	-		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	,	res	INO				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Baker	Emily				Cash Money	y Order		1082		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
93 Thurton Dr		New Cana	aan		СТ	06840-6011	0	9/20/2010	0	
Principal Occupation		Name of En	nployer		•	Is this contribution assoc			Yes	ĺ
Homemaker		Homema	iker			fundraising event listed in If yes, list Event #	n Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of		Executive		î	child of a lob	•		\$2	250.00	\$250.00
government the contract is with:	<u></u>	Executive	Legislative	+ =			<u> </u>	1		<u> </u>
Last Name Sriubas	First Name Michelle			MI R	Method of Cash	contribution: X Personal	Check	Contribution	on ID #	Amount of Contribution
					Money	y Order Credit/De	bit Card	1119		
Residential Street Address		City			State	Zip Code		ate Received		
85 Lukes Wood Rd		New Cana	aan		СТ	06840-2202	0	9/20/2010	0	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed in		1^	Yes	
Homemaker		Homema	iker			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$6,1	100.00	\$2,600.00
government the contract is with:		Executive	Legislative	+ =	1		<u> </u>	1		<u> </u>
Last Name Sriubas	First Name Andrew			MI	Method of Cash	contribution:	Check	Contribution	on ID #	Amount of Contribution
					_	y Order Credit/De	bit Card	1118		Commodition
Residential Street Address		City			State	Zip Code		ate Received		
85 Lukes Wood Rd		New Cana	aan		СТ	06840-2202	0	9/20/2010	0	
Principal Occupation		Name of En				Is this contribution assoc fundraising event listed in			Yes	
Investment Banker		JP Morga	in Chase			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	ıtions	İ
state contractor? Is yes, indicate which branch or branches of				Î	child of a lob	•		-	500.00	\$2,600.00
government the contract is with:	<u> </u>	Executive	Legislative	 	res X		<u> </u>	1		
Last Name Frantz	First Name Scott			MI L	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
Truncz	Scott					y Order Credit/De		1142		Contribution
Residential Street Address	-	City			State	Zip Code	Е	ate Received		
123 Meadow Rd		Riverside			СТ	06878-2521	0	9/21/2010	0	
Principal Occupation		Name of En	nployer			Is this contribution assoc		1^	Yes	
President		Haebler	Capital			fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	I	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Acces	egate Contribu	utions	İ
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	byist?	Aggie		500.00	\$3,500.00
government the contract is with:	Ш	Executive	Legislative	L 1	res X	No				

		I. MONETARY RI	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 10/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Bradford	First Name Phillip		MI G	Cash	contribution: X Personal C	heck 1132	bution ID#	Amount of Contribution
Residential Street Address 38 Yale Ct		City Stamford		State CT	Zip Code 06905-2606	Date Recei		
Principal Occupation Application Architect		Name of Employer General Electric Asset Mana	gement	•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$125.00	\$125.00
Last Name Mueller	First Name Dorothy		MI F	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1146	bution ID#	Amount of Contribution
Residential Street Address 38 Yale Ct		City Stamford		State CT	Zip Code 06905-2606	Date Recei		
Principal Occupation President & Founder		Name of Employer DFM Consulting			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$125.00	\$125.00
Last Name Canelas	First Name Frank		MI	Cash	contribution: X Personal C	heck 1133	bution ID#	Amount of Contribution
Residential Street Address 97 Frogtown Rd		City New Canaan		State CT	Zip Code 06840-4403	Date Recei		
Principal Occupation Partner		Name of Employer Pursuit Partners			Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$250.00	\$250.00
Last Name Canelas	First Name Ruth		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1134	bution ID#	Amount of Contribution
Residential Street Address 97 Frogtown Rd		City New Canaan		State CT	Zip Code 06840-4403	Date Recei		
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Con	tributions \$250.00	\$250.00

		I. MONETARY	RECEI	PTS (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Foley For Governor, Inc.							Orig	ginal 10/12/2010
		B. Itemized Contr	ibutions f	from Individu	ıals		•	
Last Name Carlson	First Name David		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution ID #	Amount of Contribution
Residential Street Address 29 Father Peters Ln		City New Canaan		State CT	Zip Code 06840-2214		te Received /21/2010	
Principal Occupation Investment Manager		Name of Employer General Electric Asset N	1anagemen	nt	Is this contribution association fundraising event listed in If yes, list Event #		res	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		contributor a lobbyis endent child of a lob Yes	bbyist?	Aggreg	ate Contributions \$250.00	\$250.00
Last Name Carlson	First Name Dionna		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution ID # 1136	Amount of Contribution
Residential Street Address 29 Father Peters Ln		City New Canaan		State CT	Zip Code 06840-2214		te Received /21/2010	
Principal Occupation Homemaker		·	Is this contribution associa fundraising event listed in If yes, list Event #		1 es			
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		contributor a lobbyis endent child of a lob Yes	byist?	Aggreg	ate Contributions \$250.00	\$250.00
Last Name Connolly	First Name William		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution ID #	Amount of Contribution
Residential Street Address 18 Carriage Ln		City New Canaan	•	State CT	Zip Code 06840-4401		te Received /21/2010	
Principal Occupation CPA		Name of Employer UTC		·	Is this contribution association fundraising event listed in If yes, list Event #		? Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X ! Executive Legislative		contributor a lobbyis endent child of a lob Yes	bbyist?	Aggrega	ate Contributions \$100.00	\$100.00
Last Name Cordes	First Name Tom		MI	Cash	contribution: X Personal C y Order Credit/Deb		Contribution ID #	Amount of Contribution
Residential Street Address 81 Lukes Wood Rd		City New Canaan		State CT	Zip Code 06840-2202		te Received /21/2010	
Principal Occupation Dir. Sales Asia		Name of Employer RTP		•	Is this contribution associa fundraising event listed in If yes, list Event #		1 es	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X		contributor a lobbyis endent child of a lob	byist?	Aggrega	ate Contributions \$250.00	\$250.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Foley For Governor, Inc.							0	Origina	1 10/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals		•		
Last Name Ely, III	First Name James		MI S	Method of Cash	contribution:	heck	Contribution II	D#	Amount of Contribution
Liy, iii	Jannes				y Order Credit/Deb	1	1139		Contribution
Residential Street Address 65 Amys Ln		City New Canaan		State CT	Zip Code 06840-3700		Received 21/2010		
Principal Occupation Finance		Name of Employer Priority Capital		•	Is this contribution associa fundraising event listed in If yes, list Event #		X N	es Vo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution \$1,000		\$1,000.00
Last Name Feiner	First Name Robert		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1	Contribution II	D#	Amount of Contribution
Residential Street Address 110 Norwood Rd		City West Hartford		State CT	Zip Code 06117-2238		Received 21/2010		
Principal Occupation Attorney		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		X N	′es Io	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate	te Contribution \$100		\$100.00
Last Name Flynn	First Name William		MI	Cash	contribution: X Personal C	heck 1	Contribution II	D#	Amount of Contribution
Residential Street Address 320 Park Ave		City New York		State NY	Zip Code 10022-6815		Received 21/2010		
Principal Occupation Chairman		Name of Employer National Committee on Amer Foreign Policy	rican	•	Is this contribution associa fundraising event listed in If yes, list Event #			es Io	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	te Contribution \$500		\$500.00
Last Name Hall	First Name Robert		MI	Cash	contribution: X Personal Contribution: y Order Credit/Deb	heck 1	Contribution II	D#	Amount of Contribution
Residential Street Address 5 Nettleton Ave		City Newtown		State CT	Zip Code 06470-2016		Received 21/2010		
Principal Occupation Lawyer		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #		X N	es Vo	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob	byist?	Aggregate	te Contribution \$200		\$200.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							(Origina	1 10/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name	First Name		MI	Method of	contribution:		Contribution I	ID#	Amount of
Keyes	Edward			Cash Money	y Order X Personal Cl		1144		Contribution
Residential Street Address		City		State	Zip Code		e Received		
40 Marbern Dr		Suffield		СТ	06078-1533	09/	/21/2010		
Principal Occupation Merrill Lynch		Name of Employer Merrill Lynch			Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00
Last Name Naylor	First Name Barret P.		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 783 Valley Rd		City New Canaan	•	State CT	Zip Code 06840-2811		e Received /21/2010		
Principal Occupation Executive Vice President		Name of Employer Brownstone Asset Manageme	ent	•	Is this contribution associa fundraising event listed in If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution		\$250.00
Last Name Pippitt	First Name Douglas		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 10 Nutmeg Ln		City New Canaan		State CT	Zip Code 06840-4230		e Received /21/2010		
Principal Occupation Managing Partner		Name of Employer Higgins Group Real Estate		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution \$150		\$150.00
Last Name Rodger	First Name Wally		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 48 Deep Brook Hbr		City Suffield		State CT	Zip Code 06078-1454		e Received /21/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #		? 🔲 Y	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution		\$100.00

Folicy For Governor, Inc. The Name The			I. MONETARY RE	CEIPTS	S (Section	n A-I)			
Late Name First Name Simon MI	NAME OF COMMITTEE							FILIN	G DUE DATE
Simple First Name Katie Mi	Foley For Governor, Inc.							Origin	nal 10/12/2010
Residential Street Address 320 Old Church Rd City Simon Simon Street Address City Street Manage (Today Street Address Street			B. Itemized Contribut	ions fron	ı Individu	ıals		<u> </u>	
Residential Street Address Residential Street Ad	Last Name	First Name		MI	Method of	_	Cont	ribution ID #	Amount of
320 Old Church Rd	Simon	Katie				=	115	50	Contribution
Name of Employer Homemaker Homemaker	Residential Street Address		City		State	Zip Code	Date Rec	eived	
Homemaker Homemaker Homem	320 Old Church Rd		Greenwich		СТ	06830-4824	09/21/	2010	1
Fouritharder Four			1					Yes	
Sale contractor? Executive Legislative Legislative Ves No No No	Homemaker		Homemaker				occuon 31:	x No	
Is yee, indicate which branch or branches of government the contractor in with. Seed of the properties of the contractor of the properties of generous the contractor of the properties of the contractor of prospective state contractor?	1 * *	or prospective	Yes X No				Aggregate Co	ontributions	
Slattery City	Is yes, indicate which branch or branches of		Executive Legislative					\$1,000.00	\$1,000.00
Residential Street Address 228 South Ave New Canaan Name of Employer Self Lis contributor a principal of a state contractor or prospective state contractor Principal Occupation Last Name Smith Name of Employer Thomas City State City State City State City State City State City State City State City State City State Contribution associated with a fundraising event listed in Section J1? If yes, list Event # No Special State Contribution Aggregate Contribution Special Street Address City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State City State Special Street Address State Contribution Special Street Address State Contractor State Contractor State Contractor State Contractor State Contractor State Contractor State Contractor State Contractor State Contractor State Contractor State Contractor State Contractor State City State	Last Name	First Name		MI	Method of			ribution ID #	Amount of
Name of Employer Self Yes No dependent child of a lobby ist, pouse, or dependent all street Address Salare Contribution a sociated with a fundraising event listed in Section J12 No No dependent child of a lobby ist. No No dependent child of a lobby ist. No No No No No No No N	Slattery	Kathryn			_	=	115	51	Contribution
Name of Employer Self State Contributor a sociated with a fundratising event listed in Section J1? No	Residential Street Address		City		State	Zip Code			
Self Self	228 South Ave		New Canaan		СТ	06840-5812	09/21/	2010	1
If yes, list Event #			1					=	
state contractor? It sees indicate which branch or branches of soverment the contract is with: Lagislative Legislative Legislative Ves No	Writer		Seir					x No	
Systandicate which branch or branches of government the contract is with: Last Name First Name Thomas First Name Thomas Mil Method of contribution: Contribution ID # Amount of Contribution Thomas Mil Method of contribution: Contribution ID # Thomas Mil Method of contribution: Contribution ID # Thomas Mil Method of contribution: Contribution ID # Thomas Mil Method of contribution: Credit/Debit Card Date Received Date Received D9/21/2010	1	or prospective	Yes X No				Aggregate Co	ontributions	1
Last Name Smith First Name Thomas Contribution: Cash WI Work of Contribution: Contribution ID # I152 Amount of Contribution Contribution ID # I152 Amount of Contribution Contribution ID # I152 Amount of Contribution Residential Street Address 323 Railroad Ave City Greenwich Name of Employer Private Investor Is contributor a principal of a state contractor or prospective state contractor? Is ves, indicate which branch or branches of acvernment the contract is with: Last Name Soper First Name Tappen City City State City State City State City State City State City State City State City State City State City State City State City State City State City Contribution Method of contribution: Cash MI Method of contribution: Contribution Aggregate Contributions \$2,000.00		П		Î		· ·		\$50.00	\$50.00
Smith Thomas			Executive Legislative	+ -					<u> </u>
Residential Street Address 323 Railroad Ave Greenwich CT 06830-6779 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Date Received 09/21/2010 Principal Occupation Private Investor Prescott Investors Inc. Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of sovernment the contract is with: Last Name Soper Tappen MI Method of Contribution: Cash Money Order Credit/Debit Card Date Received 1152 Date Received 09/21/2010 \$2,000.00 \$2,000.00 Contribution ID # 1153 Amount of Contribution Contribution Contribution Contribution Date Received O9/21/2010							neck		
323 Railroad Ave Greenwich CT 06830-6779 09/21/2010 Principal Occupation Private Investor Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Soper First Name Tappen Residential Street Address To Beaver Brook Rd CT 06830-6779 09/21/2010 Is this contribution associated with a fundraising event listed in Section J1?	Sime!	momas	1		_	Order Credit/Debi		52 	Contribution
Principal Occupation Private Investor Name of Employer Prescott Investors Inc. Is this contribution associated with a fundraising event listed in Section J1?	Residential Street Address		City		State	Zip Code			
Private Investor Secontributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Soper Tappen	323 Railroad Ave		Greenwich		СТ	06830-6779	09/21/	2010	1
Is contributor a principal of a state contractor or prospective state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Soper First Name Tappen Residential Street Address 75 Beaver Brook Rd Is contributor a lobbyist, spouse, or dependent child of a lobbyist? Legislative WI Method of contribution: Cash MI Method of contribution: Cash Money Order Credit/Debit Card CT 06371-3202 Prescutt X No Aggregate Contributions \$2,000.00 \$2,0			1 ' '					ш . с.	
state contractor? Is yes, indicate which branch or branches of government the contract is with: Last Name Soper Residential Street Address 75 Beaver Brook Rd Lagislative Legislative Legislative Legislative Legislative Legislative Legislative MI Method of contribution: Cash Min Method of contribution: Cash Money Order Credit/Debit Card Credit/Debit Card Money Order Credit/Debit Card Date Received O9/21/2010	Private Investor		Prescott Investors Inc.					x No	
Is yes, indicate which branch or branches of government the contract is with: Last Name Soper Residential Street Address 75 Beaver Brook Rd Legislative Legislative Logislative Legislative Logislative Legislative Logislative	1 - 1	or prospective	Yes X No				Aggregate Co	ontributions	1
Last Name Soper Tappen MI Method of contribution: Contribution ID # Amount of Contribution Last Name Tappen Contribution Cash X Personal Check 1153 Contribution Co						•		\$2,000.00	\$2,000.00
Soper Tappen Cash X Personal Check In 153 Residential Street Address 75 Beaver Brook Rd Lyme Tappen Cash X Personal Check In 153 State Zip Code Date Received CT 06371-3202 09/21/2010			Executive Legislative	+ -					<u> </u>
Residential Street Address City State Zip Code Date Received To Beaver Brook Rd Lyme CT Do6371-3202 09/21/2010				MI		_	neck		
75 Beaver Brook Rd Lyme CT 06371-3202 09/21/2010	Зорег	Таррен				Order Credit/Debi		i3	Contribution
	Residential Street Address		City		State	Zip Code	Date Rec	eived	
The state of the s	75 Beaver Brook Rd		Lyme		СТ	06371-3202	09/21/	2010	1
fundraising event listed in Section 112	Principal Occupation		Name of Employer			Is this contribution associate fundraising event listed in S		Yes	
Retired Retired If yes, list Event # X No	Retired		Ketired					x No	
Is contributor a principal of a state contractor or prospective Yes X No Is contributor a lobbyist, spouse, or Aggregate Contributions	Is contributor a principal of a state contractor of	or prospective	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggregate Co	ontributions	†
state contractor? Is yes, indicate which branch or branches of experiment the contract is with: Executive Legislative Yes X No \$100.00	Is yes, indicate which branch or branches of		Executive Lagislativa					\$100.00	\$100.00

		I. N	MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	temized Contributi	ons from	ı Individu	ıals			•	
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Thomas	Peter			J	Cash Money	y Order X Personal C		1154		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received	1	
130 Leroy Ave		Darien			СТ	06820-3414	C	09/21/201	0	
Principal Occupation		Name of E	Employer			Is this contribution associ- fundraising event listed in			Yes	
Management Consulting		Self				If yes, list Event#		<u> </u>	No No	
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 î—	res x	•		\$	250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:		Contributi	on ID#	Amount of
Zoller	Nicholas				Cash Money	y Order		1155		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received	!	
67 Harley Dr Apt 1		Worcest	er		MA	01606-1714	C	09/21/201	0	1
Principal Occupation		Name of E	imployer			Is this contribution associ- fundraising event listed in			Yes	
Political Consultant		Self				If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	İ
state contractor? Is yes, indicate which branch or branches of		Emantina	T	1 î—	child of a lob	•			\$5.00	\$5.00
government the contract is with:	<u></u>	Executive	Legislative	 			<u> </u>	1		
Last Name Landers	First Name David			MI W	Cash	contribution: x Personal C	Check	Contributi	on ID#	Amount of Contribution
		1			Mone	y Order Credit/Del	bit Card	1145		
Residential Street Address		City			State	Zip Code		Date Received		
96 Mimosa Cir		Ridgefiel	ld		СТ	06877-2506	C	09/21/201	0	<u> </u>
Principal Occupation		Name of E Totalcar				Is this contribution associ- fundraising event listed in		J19 L	Yes	
Self-employed		Totalcal	e or iva			If yes, list Event #		<u> </u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	-		:	\$20.00	\$10.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	<u> </u>	1	contribution:			- ID //	
Yamin	Dianne			E	Cash	Personal C	Check	Contributi	on ID#	Amount of Contribution
		1			Mone	y Order X Credit/Del	bit Card	1170		
Residential Street Address		City			State	Zip Code		Date Received		
66 Barnum Rd		Danbury			СТ	06811-2938	_	09/22/201		
Principal Occupation Attorney/Judge		Name of E	mployer k Yamin LLP			Is this contribution associ- fundraising event listed in		J1?	_	
, acomey/suage						If yes, list Event #			No]
Is contributor a principal of a state contractor state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contrib	utions	
Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$	275.00	\$275.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Yamin	Robert			J	Cash Money	Personal C X Credit/Del		1171		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
66 Barnum Rd		Danbury			СТ	06811-2938	0	9/22/2010	0	
Principal Occupation Attorney		Name of Er Yamin &	nployer Yamin, LLP			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$2	utions 275.00	\$275.00
Last Name	First Name			MI		contribution:		Contributio	on ID#	Amount of
Osborn	Frank				Cash Money	y Order		1165		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
64 Hemlock Hill Rd		New Can	aan		СТ	06840-3001	0	9/22/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Executive		Qantum	Communitcations			fundraising event listed in If yes, list Event #	Section .	x	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$7,0	utions	\$3,500.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
DaPuzzo	Peter			J	Cash Money	Personal C X Credit/Del		1157		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
18 Pilot Rock Ln		Riverside	!		СТ	06878-2621	0	9/22/2010	0	
Principal Occupation Retired		Name of Er Retired	mployer			Is this contribution associ fundraising event listed in		J1?	Yes	
Retired				_		If yes, list Event #		ĮΧ	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$3,5	itions 500.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Fast	Eric				Cash Money	Personal C X Credit/Del		1158		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
29 Hillside Rd		Greenwic	:h		СТ	06830-4834	0	9/22/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
CEO		Crane Co	0.			fundraising event listed in If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor	or prospective	-	Yes X No	1	utor a lobbyis	-	Aggre	egate Contribu	ıtions	
state contractor? Is yes, indicate which branch or branches of		E	Tracks of	dependent	child of a lob	-		\$3,5	500.00	\$3,500.00
government the contract is with:	Ц	Executive	Legislative		res 🔼	No				

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Foley For Governor, Inc.									Origina	al 10/12/2010
		B. Ite	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
O'Connor	Maura				Cash Money	y Order X Personal C		1164		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
285 Lake Ave		Greenwic	h		СТ	06830-4517	0	9/22/2010	1	
Principal Occupation Teacher		Name of En Retired	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$7	tions 50.00	\$250.00
Last Name	First Name			MI	Method of	contribution:	•	Contribution	n ID#	Amount of
Feldman	Jonathan				Cash Money	y Order X Credit/De		1159		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
200 Byram Shore Rd		Greenwic	h		СТ	06830-6932	0	9/22/2010		•
Principal Occupation Investments		Name of En Patriot E	nployer xploration LLC			Is this contribution associ fundraising event listed in If yes, list Event #		J1? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribut \$3,5	tions 00.00	\$3,500.00
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Marlas	James				Cash Money	y Order X Credit/De		1160		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
445 Park Ave Fl 14		New York			NY	10022-2606	0	9/22/2010	1	
Principal Occupation Chairman		Name of En Union Ca	nployer apital Corp.			Is this contribution associ fundraising event listed in If yes, list Event #		J1? 브	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribut \$5	tions 00.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Mitchell	Donald			D	Cash Money	y Order X Personal C		1161		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
84 S Lake Shore Dr		Brookfield	d		СТ	06804-1429	0	9/22/2010		
Principal Occupation Petroleum Distributor		Name of En	nployer E. Mitchell Co., Inc.			Is this contribution associ fundraising event listed in If yes, list Event #		_{J1?}	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyis	bbyist?	Aggre	egate Contribut	tions	\$100.00
government the contract is with:	ш	Executive	Legislative		res X	NO	<u> </u>			

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Mitchell	Nancy			А	Cash Money	y Order X Personal C		1163		Contribution
Residential Street Address		City		-	State	Zip Code	Е	ate Received		
84 S Lake Shore Dr		Brookfiel	d		СТ	06804-1429	0	9/22/2010	0	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Homemaker		Homema	aker			fundraising event listed in If yes, list Event #	i section .	<u> </u>	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	1 ~	child of a lob	,		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contribution	on ID #	Amount of
Mitchell	John			W	Cash Money	Personal C V Order X Credit/Del		1162	on 15 "	Contribution
Residential Street Address		City			State	Zip Code		ate Received		
250 E 54th St Apt 38D		New York	(NY	10022-4819		9/22/2010		
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Retired		Retired				fundraising event listed in If yes, list Event #	Section.	x	No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$2,0	00.00	\$2,000.00
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID #	Amount of
Salame	Roy			J	Cash Money	Personal C y Order X Credit/Del		1166		Contribution
Residential Street Address		City		1	State	Zip Code	Е	ate Received		
16 Hedgerow Ln		Greenwic	:h		СТ	06831-3340	0	9/22/2010	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	
Banker		JP Morga	an			fundraising event listed in If yes, list Event #	section.	x	No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:	<u></u> Ц	Executive	Legislative	+ -	I			1		
Last Name Tullis	First Name James			MI	Method of Cash	contribution: X Personal C	Check	Contribution	on ID #	Amount of Contribution
						y Order Credit/Del	bit Card	1168		Commodition
Residential Street Address		City			State	Zip Code		ate Received		
1326 Lake Worth Ln		North Pal	m Beach		FL	33408-2905	_	9/22/2010	0	
Principal Occupation		Name of Er	nployer alth Investors			Is this contribution associ fundraising event listed in		_{11?}	Yes	
CEO		Tuills rie	מונוז זוועכטנטוט			If yes, list Event #		<u>[x</u>	No	
Is contributor a principal of a state contractor of	or prospective	-	Yes X No		utor a lobbyis	-	Aggre	gate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:					ك					l .

		I. MONETARY R	ECEIPT	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 10/12/2010
		B. Itemized Contribu	ıtions fron	n Individu	ıals		•	
Last Name Weeden	First Name Donald		MI E	Cash	contribution: X Personal Cl y Order	heck 1169	ution ID#	Amount of Contribution
Residential Street Address 85 Middle River Rd		City Danbury		State CT	Zip Code 06811-4351	Date Receiv 09/22/20		
Principal Occupation Securities Financer		Name of Employer Weeden & Co.		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Contr	\$500.00	\$500.00
Last Name Sexton	First Name Barbara		MI K	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1167	ution ID#	Amount of Contribution
Residential Street Address 206 Ocean Dr W		City Stamford		State CT	Zip Code 06902-8029	Date Receiv 09/22/20		
Principal Occupation Lic/Ord Clergy & Alt HC Provider		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Contr	ibutions \$75.00	\$25.00
Last Name Baker	First Name Emily		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1156	ution ID#	Amount of Contribution
Residential Street Address 93 Thurton Dr		City New Canaan		State CT	Zip Code 06840-6011	Date Receiv 09/22/20		
Principal Occupation Homemaker		Name of Employer Homemaker			Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes No Executive Legislative	dependen	outor a lobbyis at child of a lob Yes	byist?	Aggregate Contr	\$500.00	\$250.00
Last Name Svengalis	First Name Kendall		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1172	ution ID#	Amount of Contribution
Residential Street Address 204 Wyassup Rd		City North Stonington		State CT	Zip Code 06359-1330	Date Receiv 09/23/20		
Principal Occupation Writer & Publisher		Name of Employer Rhode Island LawPress		•	Is this contribution associa fundraising event listed in If yes, list Event #	Section J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis at child of a lob	byist?	Aggregate Contr	sparsions \$50.00	\$50.00

		I. M	ONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	DUE DATE
Foley For Governor, Inc.									Origina	al 10/12/2010
		B. Ite	emized Contributi	ons from	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Seagraves	Edward				Cash Money	y Order X Credit/De		1174		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
26 Chipmunk Ln		Ridgefield	<u> </u>		СТ	06877-1006	0	9/25/2010)	
Principal Occupation Retired		Name of Em Retired	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contribution	n ID#	Amount of
Mango	Paul				Cash Money	Personal C y Order X Credit/De		1173		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
116 Snowberry Ln		Gibsonia			PA	15044-6090	0	9/25/2010)	•
Principal Occupation Consultant		Name of Em McKinsey	nployer & Company			Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$1,0	tions 00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Frontera	Yolanda				Cash Money	y Order X Credit/De		1175		Contribution
Residential Street Address		City			State	Zip Code	Б	Date Received		
49 Ridge Blvd		East Gran	by		СТ	06026-9302	0	9/26/2010)	
Principal Occupation Oral Surgeon		Name of Em West Har	nployer tford Maxillofacial S	urgery		Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribut \$	tions 25.00	\$25.00
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Titley	John	_		Н	Cash Money	y Order X Credit/De		1176		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
151 Hamilton Ave		Watertow	n		СТ	06795-2402	0	9/26/2010)	•
Principal Occupation Retired		Name of Em Retired	ployer			Is this contribution associ fundraising event listed in If yes, list Event #		J1? $f egin{array}{cccccccccccccccccccccccccccccccccccc$	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribut	tions 50.00	\$50.00
government the contract is with:		LACCULIVE	- regisiative							

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Alix	Jane			G	Cash	y Order		1177		Contribution
		T			-					-
Residential Street Address 18 Canterbury Ln		City Southing	ton		State CT	Zip Code 06489-4600		Pate Received 19/27/2010)	
,		-			<u> </u>	Is this contribution associ			1	ł
Principal Occupation Business Development Manager		Name of Er Clinical L	aboratory Partners			fundraising event listed in		J1?		
Business Bevelopment Hanager			,			If yes, list Event #		<u>LX</u>	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Tuestatasius	I ~	t child of a lob Yes	•		\$1	.00.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+-				1		<u> </u>
Last Name Angelini	First Name Bruce			MI	Method of Cash	contribution: Personal C	Check	Contributio	on ID#	Amount of Contribution
7ge	3.466					y Order Credit/Del	bit Card	1178		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
30 Derek Ln		Windsor			СТ	06095-1757	0	9/27/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Bruce Angelini Enterprises LLC		Bruce Ar	ngelini Enterprises LL	_C		fundraising event listed in If yes, list Event #	Section.	x x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	t spause or	Τ.			†
state contractor?	or prospective		Yes X No		t child of a lob	-	Aggre	egate Contribu \$1	.00.00	\$100.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	<u> </u>	res x	No		Ψ-		\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Bruckmann	Bruce			В	Cash	y Order X Personal C		1179		Contribution
D 11 110 111		a:			 			D : 1		1
Residential Street Address 32 Perry St		City New York	•		State NY	Zip Code 10014-2704		Pate Received 19/27/2010)	
Principal Occupation					ļ	Is this contribution associ			1	t
Investor		Name of Er Bruckma	ann, Rosser, Sherrill			fundraising event listed in		J1?	-	
		1	ment III LP			If yes, list Event #			No	
Is contributor a principal of a state contractor	or prospective		Yes X No		outor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative		t child of a lob Yes	-		\$3,5	500.00	\$3,500.00
government the contract is with:	le: .y	Executive	Legislative	+ -	1			1		<u> </u>
Last Name Keeney	First Name Lafayette			MI	Method of Cash	contribution: X Personal C	Check	Contributio	on ID #	Amount of Contribution
						y Order Credit/Del	bit Card	1181		Commonium
Residential Street Address		City			State	Zip Code	D	ate Received		
41 Pettipaug Ave		Old Sayb	rook		СТ	06475-3133	0	9/27/2010)	[
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Retired		Retired				fundraising event listed in If yes, list Event #	section.	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	In contain	outor a lobbyis		Τ.			†
state contractor?	o. prospective		Yes X No		t child of a lob	byist?	Aggre	egate Contribu \$2	200.00	\$200.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	¬	res x	No		φ2		\$200.00

		I. M	ONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contributi	ons from	Individu	ıals				
Last Name Mascaro	First Name Joseph			MI A	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 53 Oswegatchie Hills Rd		City Niantic			State CT	Zip Code 06357-1916		ate Received		
Principal Occupation Chiropractor		Name of En				Is this contribution associ fundraising event listed in If yes, list Event # 09		_{J1?}	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Roebelen	First Name Faith			MI W	Cash	contribution: X Personal C y Order Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 92 Wendover Rd		City Suffield			State CT	Zip Code 06078-1618		ate Received		
Principal Occupation Homemaker		Name of En Homema				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions 100.00	\$100.00
Last Name Roebelen	First Name George			MI J	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 92 Wendover Rd		City Suffield			State CT	Zip Code 06078-1618		oate Received		
Principal Occupation Vice President		Name of En Iron Mou			•	Is this contribution associ fundraising event listed in If yes, list Event #		_{J12} _	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	egate Contribi	utions 100.00	\$100.00
Last Name Valenzon III	First Name Peter			MI	Cash	contribution: Personal C y Order X Credit/Del		Contributi	on ID#	Amount of Contribution
Residential Street Address 166 Old Brookfield Rd		City Danbury			State CT	Zip Code 06811-4048		ate Received		
Principal Occupation Bank Operations		Name of En First Cou	nployer Inty Bank			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contrib	utions \$50.00	\$50.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ions from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Winokur	Deanne			Н	Cash Money	y Order X Personal C		1187		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
341 North St		Greenwic	h		СТ	06830-3901	0	9/27/2010)	
Principal Occupation Retired		Name of Er Retired	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractorstate contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	gate Contribu \$2,0	tions 00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Lundgren	Tina				Cash Money	y Order X Credit/De		1182		Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
650 Park Ave		New York	(NY	10065-6115	0	9/27/2010)	
Principal Occupation		Name of Er			•	Is this contribution associ fundraising event listed in		_{11?}	Yes	
Homemaker		Homema	iker			If yes, list Event #		х	No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	gate Contribu \$1,0	tions 00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Guilmartin	Scott				Cash Money	y Order X Personal C		1180		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
759 Hale St		Suffield			СТ	06078-2507	0	9/27/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Investor		Self-Emp	oloyed			If yes, list Event #	i section .	x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	-		\$2	50.00	\$250.00
government the contract is with: Last Name	L _{Eim} t Name	LACCULIVE	Legislative	МІ	I		<u> </u>	1		
Last Name Heidenreich	First Name Per			MI	Cash	y Order X Credit/De		Contribution 1197	on ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
4 Sound Shore Dr		Greenwic	h		СТ	06830-7252	0	9/28/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	ĺ
General Partner		Heidenre	eich Ent. LLC			fundraising event listed in If yes, list Event #	Section .	x x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:	Ц	Executive	Legislative		res x	NO				1

		I. MON	NETARY REC	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Itemiz	zed Contributio	ons from	Individu	ıals				
Last Name Garthwait	First Name Robert			MI W	Cash	contribution: X Personal C		Contribution 1193	on ID#	Amount of Contribution
Residential Street Address 14 Hemingway Ave		City Wolcott			State CT	Zip Code 06716		ate Received		
Principal Occupation Chairman		Name of Employe	^{er} ufacturing Compa	iny	•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu \$1,0	utions 000.00	\$1,000.00
Last Name Natt	First Name Robert			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution 1200	on ID#	Amount of Contribution
Residential Street Address 51 Tuckahoe Rd		City Easton			State CT	Zip Code 06612-2053		ate Received 9/28/201		
Principal Occupation Executive		Name of Employer Payflex USA,				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribu	utions 250.00	\$250.00
Last Name Reynolds	First Name Michael			MI T	Cash	contribution: X Personal C		Contribution 1203	on ID#	Amount of Contribution
Residential Street Address 200 Mercer St Apt 4D		City New York			State NY	Zip Code 10012-1513		ate Received		
Principal Occupation Attorney		Name of Employe Cravath, Swa	^{er} aine & Moore LLP			Is this contribution associ fundraising event listed in If yes, list Event #		11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	gate Contribu \$2,	utions 500.00	\$1,000.00
Last Name Belousov	First Name Arkadiy			MI	Cash	contribution: Personal C y Order X Credit/De		Contribution 1188	on ID#	Amount of Contribution
Residential Street Address 12 Stoneleigh Rd		City Trumbull			State CT	Zip Code 06611-3317		ate Received		
Principal Occupation Software Engineer		Name of Employ	er			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	_	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	ations \$25.00	\$25.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Brooks	Alice			K	Cash Money	y Order X Personal Credit/De		1189		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
PO Box 674		Greenwic	h		СТ	06836-0674	0	9/28/2010)	
Principal Occupation Homemaker		Name of En			•	Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	byist?	Aggre	gate Contribu	tions 50.00	\$50.00
Last Name	First Name			MI	I	contribution:		Contributio	ID #	
Brooks	Joseph			E	Cash	y Order Personal Credit/De		1190	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
PO Box 674		Greenwic	h		СТ	06836-0674	0	9/28/2010)	
Principal Occupation Investment Counselor		Name of En Joseph E	nployer Brooks Associates			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyist child of a lob	byist?	Aggre	egate Contribu	tions 50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Budd	Edward				Cash Money	y Order X Personal Credit/De		1191		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
270 Chestnut Hill Rd		Glastonb	ury		СТ	06033-4153	0	9/28/2010)	
Principal Occupation Retired		Name of En Retired	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 600.00	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Budd	Mary				Cash Money	y Order X Personal Credit/De		1192		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
270 Chestnut Hill Rd		Glastonb	ury		СТ	06033-4153	0	9/28/2010)	
Principal Occupation Retired		Name of En Retired	nployer			Is this contribution assoc fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 600.00	\$500.00
government the contract is with:		LACCULIVE	Legislative	'		110	1			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Hanratty	Katherine	!			Cash Money	y Order X Personal C		1194		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
319 Thomaston Rd Unit 102		Watertow	/n		СТ	06795-2058	0	9/28/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Executive		Jaci Carr	oll Staffing Services	_		fundraising event listed in If yes, list Event #	1 Section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	1 [^]	child of a lob	•		\$1	50.00	\$150.00
government the contract is with:	First Name	Executive	Legislative	I MI	I			1		
Harrington	Frances			S	Cash	contribution: X Personal G	Check	Contributio	n ID#	Amount of Contribution
					Money	y Order Credit/De	bit Card	1195		
Residential Street Address		City			State	Zip Code	D	ate Received		
66 Tom Lin Rd		Newingto	n		СТ	06111-2339	0	9/28/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in			Yes	
Retired		Retired				If yes, list Event #	. Decilon	x	No	
Is contributor a principal of a state contractor state contractor?	or prospective	1	Yes X No		utor a lobbyis		Aggre	egate Contribu		+50.00
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	□ Y	res X	No		\$	50.00	\$50.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Hart	Bradford			D	Cash Money	y Order X Personal C		1196		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
14 Woodside Dr		Greenwic	h		СТ	06830-6730	0	9/28/2010)	ļ
Principal Occupation		Name of Er	mployer			Is this contribution associ			Yes	
Self-employed		Self-Emp	oloyed			fundraising event listed in If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	ĺ
state contractor? Is yes, indicate which branch or branches of			П	1 [^]	child of a lob	•		\$1,0	00.00	\$1,000.00
government the contract is with:		Executive	Legislative	+ -	I		<u> </u>	1		
Last Name McCartney	First Name Ken			MI	Method of Cash	contribution:	Check	Contributio	n ID#	Amount of Contribution
riccurricy	Ken	_				y Order X Credit/De		1198		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
70 Kelly Ln		Granby			СТ	06035-2920	0	9/28/2010)	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in			Yes	
Sprinkler Installer		Grass He	elper Lawn Care			If yes, list Event #	i beenon .	x	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of	_				child of a lob	-		-	50.00	\$50.00
government the contract is with:		Executive	Legislative	☐ Y	res X	No	1			

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
McMahon	Linda			E	Cash Money	y Order		1199		Contribution
Residential Street Address		City		•	State	Zip Code	D	ate Received		1
14 Hurlingham Dr		Greenwic	h		СТ	06831-2739	0	9/28/2010)	
Principal Occupation Candidate		Name of En	nployer		•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu \$3,5	itions	\$3,500.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Nicholas	Phyllis				Cash Money	Personal C y Order X Credit/Del		1201		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		1
40 Howard Rd		Greenwic	h		СТ	06831-3104	0	9/28/2010)	
Principal Occupation Homemaker		Name of En			•	Is this contribution associ fundraising event listed in		J1?	Yes	
Homemaker				_		If yes, list Event #		ĮΧ	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$2	ations 200.00	\$200.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Quain	Mitchell				Cash Money	y Order X Personal C		1202		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
1 Bristol Rd		Middlebu	ry		СТ	06762-2228	0	9/28/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in			Yes	
Partner		One Equi	ity Partners			If yes, list Event #	i Section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	ĺ
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I -	child of a lob	•		\$1,0	00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Smith	Elenor				Cash Money	y Order Personal C		1204		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
100 Breezy Hill Rd		Collinsvill	e		СТ	06019-3607	0	9/28/2010)]
Principal Occupation		Name of En	nployer			Is this contribution associ			Yes	
Retired		Retired				fundraising event listed in If yes, list Event #	i secuon .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	1	utor a lobbyis	-	Aggre	gate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	dependent	child of a lob	-		\$5	500.00	\$500.00
government the contract is with:		LACCULIVE	Legisiative			110	<u> </u>			<u> </u>

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	ILING	DUE DATE
Foley For Governor, Inc.							О	rigina	1 10/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name Smith	First Name Lawrence		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 100 Breezy Hill Rd		City Collinsville		State CT	Zip Code 06019-3607		e Received /28/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		, Yo		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution \$500		\$500.00
Last Name Abramowitz	First Name Kenneth		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address PO Box 958		City Southport		State CT	Zip Code 06890-0958		e Received /29/2010		
Principal Occupation Analyst		Name of Employer NGN Capital		•	Is this contribution associa fundraising event listed in If yes, list Event #		X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution \$1,000		\$1,000.00
Last Name Alosco	First Name Louis		MI M	Cash	contribution: X Personal Cl	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 18 Ashley Ct		City Danbury		State CT	Zip Code 06810-7288		e Received /29/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associa fundraising event listed in If yes, list Event #		x N		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregat	te Contribution \$250		\$250.00
Last Name Barlow	First Name Mary Jane	9	MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 234 Peach Orchard Rd		City Waterbury		State CT	Zip Code 06706-2833		e Received /29/2010		
Principal Occupation President & CEO		Name of Employer MJ Barlow Career & Staffing		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	1 1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregat	te Contribution		\$150.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Barrett	Barbara				Cash Money	y Order X Credit/De		1209		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		4
4617 E Ocotillo Rd		Paradise	Valley		AZ	85253-4032	0	9/29/2010	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ			Yes	ĺ
CEO/President		Triple Cr	eek Ranch			fundraising event listed in If yes, list Event #	Section .	J1?	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	ıtions	†
state contractor? Is yes, indicate which branch or branches of				I '—	child of a lob	•		\$2,0	00.00	\$2,000.00
government the contract is with:		Executive	Legislative	+ -	res X			1		<u> </u>
Last Name Bauchiero	First Name Frank			MI	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
Bademero	Trunk					y Order Credit/De	bit Card	1210		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
316 N Grand St		West Suf	field		СТ	06093-3403	0	9/29/2010	0	1
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		1^	Yes	
Contractor		FEB Con	struction			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis	-	Aggre	egate Contribu	utions	İ
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	1 —	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+ -	I			1		
Last Name Bayer	First Name Stephen			MI	Method of Cash	contribution: X Personal C	Check	Contribution	on ID #	Amount of Contribution
,	·	1			Money	y Order Credit/De	bit Card	1211		
Residential Street Address		City			State	Zip Code		ate Received		
16 Guardhouse Dr		Redding			СТ	06896-1827	0	9/29/2010	0	<u> </u>
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		a J1?	Yes	
Real Estate Investor		Self				If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	utions	
state contractor? Is yes, indicate which branch or branches of			Legislative	I	child of a lob	•		\$1	100.00	\$100.00
government the contract is with:	<u></u>	Executive	Legislative	+ -	I		<u> </u>	1		1
Last Name Bellano	First Name Jim			MI	Method of Cash	contribution: Personal C	Check	Contribution	on ID #	Amount of Contribution
						y Order Credit/De	bit Card	1212		Commoduon
Residential Street Address		City			State	Zip Code	Б	ate Received		
40 Candlewood Shores Rd		Brookfiel	d ————————————————————————————————————		СТ	06804-1443	0	9/29/2010	0	
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed in		1^	Yes	
Assistant Professor		Western	Connecticut State U	iniversity		If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of					child of a lob	-		-	100.00	\$100.00
government the contract is with:	Ц	Executive	Legislative	\	res X	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							О	Origina	1 10/12/2010
		B. Itemized Contributi	ions from	Individu	ıals				
Last Name Billingsley	First Name Robert		MI	Cash	contribution: X Personal Cl	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 6 Rampart Pass		City Waccabuc		State NY	Zip Code 10597		e Received /29/2010		
Principal Occupation Commercial RE Broker		Name of Employer Cassidy Turley		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		, X Y		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	\$1,000		\$1,000.00
Last Name Boughton	First Name Mark		MI	Cash	contribution: X Personal Cl / Order Credit/Debi	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 23 Alan Ave		City Danbury		State CT	Zip Code 06811-4712		e Received /29/2010		
Principal Occupation Mayor		Name of Employer City of Danbury			Is this contribution associa fundraising event listed in If yes, list Event # 092		x Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es X	byist?	Aggregat	te Contribution \$250		\$250.00
Last Name Bucchi	First Name Ronald		MI	Cash	contribution: X Personal Cl	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 112 Spicewood Ln		City Kensington		State CT	Zip Code 06037-2837		e Received /29/2010		
Principal Occupation CPA		Name of Employer Self			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	1 1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregat	te Contribution \$250		\$250.00
Last Name Burke	First Name James		MI J	Cash	contribution: X Personal Cl / Order Credit/Debi	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 600 Madison Ave Fl 16		City New York		State NY	Zip Code 10022-1615		e Received /29/2010		
Principal Occupation Investment Banker		Name of Employer Stonington Partners			Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1?	1 1		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregat	te Contribution \$1,000		\$1,000.00

		I. MONETARY I	RECEI	IPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Itemized Contrib	utions	from	Individu	als				
Last Name Chatterjee	First Name Purnendu		MI	I	Method of o	contribution: X Personal C		Contribution 1217	on ID#	Amount of Contribution
Residential Street Address 888 7th Ave Ste 3400		City New York			State NY	Zip Code 10106-3099		ate Received		
Principal Occupation Business Owner		Name of Employer Chatterjee Management (Co.	·		Is this contribution associ fundraising event listed in If yes, list Event # 09			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1,0	ntions 000.00	\$1,000.00
Last Name Curry	First Name George		MI B	I	Method of o	ontribution: X Personal C Order Credit/Del		Contribution 1219	on ID#	Amount of Contribution
Residential Street Address 395 Broad St		City Windsor			State CT	Zip Code 06095-3007		ate Received 9/29/2010		
Principal Occupation Chiropractor		Name of Employer Self		-		Is this contribution associ fundraising event listed in If yes, list Event # 09			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	itions	\$500.00
Last Name Duff	First Name William		MI I	I	Method of o	contribution: X Personal C Order Credit/Del		Contribution 1220	on ID#	Amount of Contribution
Residential Street Address 33 Long Meadow Ln		City Bethel			State CT	Zip Code 06801-2612		ate Received	0	
Principal Occupation Retired		Name of Employer Retired				Is this contribution associ fundraising event listed in If yes, list Event # 09			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	itions	\$100.00
Last Name Egan	First Name Aileen		MI M		Method of o	contribution: X Personal C Order Credit/Del		Contribution 1222	on ID#	Amount of Contribution
Residential Street Address 113 High Ridge Ave		City Ridgefield			State CT	Zip Code 06877-4402		ate Received 9/29/2010		
Principal Occupation Retired		Name of Employer Retired		•		Is this contribution associ fundraising event listed in If yes, list Event # 09	Section .		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative			tor a lobbyist	byist?	Aggre	gate Contribu	itions	\$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE								FILING	G DUE DATE
Foley For Governor, Inc.								Origina	al 10/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals				
Last Name Foley	First Name Brian		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 76 Hartford Rd		City Simsbury		State CT	Zip Code 06070-2508		te Received 9/29/2010		
Principal Occupation Owner		Name of Employer Apple Rehab			Is this contribution associa fundraising event listed in If yes, list Event # 100		? <u>—</u>	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contributio		\$1,000.00
Last Name Foley	First Name Lisa		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 76 Hartford Rd		City Simsbury		State CT	Zip Code 06070-2508		te Received 9/29/2010		
Principal Occupation Owner		Name of Employer Allstar Therapy			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	? <u></u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contribution		\$2,000.00
Last Name Foley	First Name Mary		MI	Cash	contribution: X Personal Cl		Contribution	ID#	Amount of Contribution
Residential Street Address 6 Beach Dr		City Danbury		State CT	Zip Code 06811-3103		te Received 9/29/2010		
Principal Occupation Realtor		Name of Employer Wm Pitt Sotheby's			Is this contribution associa fundraising event listed in If yes, list Event # 092		? <u></u>		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggreg	ate Contributio	ons 00.00	\$100.00
Last Name Getz	First Name Robert		MI H	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 45 Pecksland Rd		City Greenwich		State CT	Zip Code 06831-3711		te Received 9/29/2010		
Principal Occupation Investments		Name of Employer Cornerstone Equity Investor	LLC	•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribution		\$1,000.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ions from	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Goldman	Ethan				Cash Money	y Order X Personal Credit/De		1227		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
9 Vardon Rd		West Har	tford		СТ	06117-2848	0	9/29/2010	0	
Principal Occupation Manufacturing		Name of Er Flexcon,			•	Is this contribution assoc fundraising event listed i If yes, list Event # 10		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contribu	ntions	\$100.00
government the contract is with:		Executive	Legislative	L \	res X	No		1		
Last Name Guarco	First Name Michael			MI B	Cash	contribution: X Personal y Order Credit/De		Contribution 1228	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
80 Harmony Hill Rd		Granby			СТ	06035-1221	0	9/29/2010	0	
Principal Occupation Management		Name of Er State Lir				Is this contribution assoc fundraising event listed i If yes, list Event # 09	n Section .	_{J1?} _	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggre	egate Contribu \$2	utions 200.00	\$200.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Hanna	Alistair				Cash Money	y Order X Personal Credit/De		1230		Contribution
Residential Street Address		City			State	Zip Code	Е	Date Received		
100 Edward Bentley Rd		Lawrence	2		NY	11559-2118	0	9/29/2010)	
Principal Occupation Management Consultant		Name of Er Grace In	nployer ternational Enterpris	ses		Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu \$3,5	itions	\$3,500.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Kingsbury	Warren			J	Cash Money	y Order Personal Credit/De		1231		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
51 Elm St		Windsor	Locks		СТ	06096-2305	0)9/29/2010	0	
Principal Occupation Retired		Name of Er Retired	nployer			Is this contribution assoc fundraising event listed i If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	ntions	\$100.00
government the contract is with:		плесинуе	Legisiauve	Т — ,		110				

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ons from	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Kohanski	Renee				Cash Money	y Order X Personal C		1232		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
289 New London Tpke		Norwich			СТ	06360-2657	0	9/29/2010)	
Principal Occupation Psychiatrist		Name of En	mployer		•	Is this contribution associ fundraising event listed in If yes, list Event # 09			Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$2	ations 200.00	\$200.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID #	Amount of
Kraus	Steve				Cash Money	Personal C y Order X Credit/De		1233		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
405 Weed St		New Can	aan		СТ	06840-6124	0	9/29/2010)	
Principal Occupation		Name of Er	mployer		_	Is this contribution associ		1^	Yes	
Investment		Blue Line	e Partners	_		fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggre	egate Contribu \$5	tions	\$500.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Magid	Arnold				Cash Money	y Order X Personal C		1236		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
27 Fox Mead		Suffield			СТ	06078-2259	0	9/29/2010)	
Principal Occupation		Name of E	mployer		•	Is this contribution associ		a x	Yes	
Financial Advisor		Self		_		fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	-		\$1	.00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Mahadeva	Wijeyaraj			A	Cash Money	y Order Personal C		1237		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
10 Skyridge Rd		Greenwic	ch		СТ	06831-3136	0	9/29/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ fundraising event listed in		1^	Yes	
CEO		Cognizai Corp.	nt Technology Solution	ons		If yes, list Event # 09			No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis	-	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$1,0	00.00	\$1,000.00
government the contract is with:		LACCULIVE	Legisiative			110				L

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE							1	FILING	DUE DATE
Foley For Governor, Inc.							(Origina	al 10/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Malley	First Name John		MI	Cash	contribution: X Personal Cl y Order		Contribution	ID#	Amount of Contribution
Residential Street Address 20 McKeon Pl		City Ridgefield		State CT	Zip Code 06877-1043	1	te Received /29/2010		
Principal Occupation Lawyer		Name of Employer Smith,Buss & Jacobs LLP		•	Is this contribution associa fundraising event listed in If yes, list Event # 092		? <u> </u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name Mazzucco	First Name Ward		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	ı	Contribution	ID#	Amount of Contribution
Residential Street Address PO Box 511		City Redding Ridge		State CT	Zip Code 06876-0511	1	te Received /29/2010		
Principal Occupation Name of Employer Lawyer Chipman Mazzucco				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 09232010A			? ഥ □.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name McDonald	First Name Michael		MI	Cash	contribution: X Personal Cl	ı	Contribution	ID#	Amount of Contribution
Residential Street Address 15 Michael Ln		City Windsor		State CT	Zip Code 06095-1604	- 1	te Received /29/2010		
Principal Occupation Contract Security		Name of Employer Paramount Security			Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1			
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ate Contributio	ons 0.00	\$100.00
Last Name McEver	First Name Bruce		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 198 Weatogue Rd		City Salisbury		State CT	Zip Code 06068	- 1	te Received /29/2010		
Principal Occupation Investment Banker		Name of Employer Berkshire Capital Securities I	LLC	•	Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1	? ഥ □.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio		\$1,000.00

I. MONETARY RECEIPTS (Section A-I)										
NAME OF COMMITTEE									FILING	DUE DATE
Foley For Governor, Inc.									Origina	al 10/12/2010
		B. Itemized Contr	ributions	from I	ndividu	als				
Last Name McLachlan	First Name Michael		МІ		Method of o	contribution: X Personal C Order Credit/Del		Contribution 1242	on ID#	Amount of Contribution
Residential Street Address PO Box 4665		City Danbury			State CT	Zip Code 06813-4665	D	ate Received)	
Principal Occupation State Senator		Name of Employer State of Connecticut		•		Is this contribution associ fundraising event listed in If yes, list Event # 09			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			ild of a lobl	*	Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Moore	First Name Rhys		MI L	[Method of c Cash Money	ontribution: X Personal C Order Credit/Del		Contribution 1243	on ID #	Amount of Contribution
Residential Street Address 45 Indian Cave Rd		City Ridgefield			State CT	Zip Code 06877-5804		ate Received 9/29/2010)	
Principal Occupation Consultant		Name of Employer Griffin Llewellyn LLC.		·		Is this contribution associ fundraising event listed in If yes, list Event # 09	Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			or a lobbyist aild of a lobl	byist?	Aggre	egate Contribu \$2	tions 250.00	\$250.00
Last Name Muthersbaugh	First Name Jeffry		MI E		Method of o	contribution: X Personal C Order Credit/Del		Contribution 1244	on ID#	Amount of Contribution
Residential Street Address 54 Milwaukee Ave		City Bethel	·		State CT	Zip Code 06801-2235		ate Received)	
Principal Occupation Executive Recruiter		Name of Employer Heritage Recruiting Gro	oup LLC	·		Is this contribution associ fundraising event listed in If yes, list Event # 09	Section J	11?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative	No Is of dep		ild of a lobl		Aggre	gate Contribu \$1	tions .00.00	\$100.00
Last Name Nelson	First Name James		MI		Method of o Cash Money	ontribution: X Personal C Order Credit/Del		Contribution 1245	on ID#	Amount of Contribution
Residential Street Address 24 Kettle Pond Ln		City Granby			State CT	Zip Code 06035-2934		ate Received 9/29/2010)	
Principal Occupation Surety Broker		Name of Employer Smith Bros. Insurance		•		Is this contribution associ fundraising event listed in If yes, list Event # 09	Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X Executive Legislative			ild of a lobl	-	Aggre	gate Contribu	tions .00.00	\$100.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Niemiec	David			W	Cash Money	y Order		1246		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
1 E End Ave		New York	(NY	10075-1102	0	9/29/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc		1^	Yes	
Investments		Saratoga	a Partners			fundraising event listed in If yes, list Event # 09	222010	J1?	No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis		Aggre	gate Contribu	itions	•
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	I '─	res x	*		\$1,0	00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contributio	on ID #	Amount of
Orr	Howard				Cash Money	y Order Personal Credit/De		1247	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
12 Harmon Dr		Suffield			СТ	06078-2038	0	9/29/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ		1^	Yes	
Business Executive		KTI, Inc.				fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor of state contractor?	or prospective		Yes X No		utor a lobbyis child of a lob		Aggre	egate Contribu		
Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative	Y	res X	No		\$1	100.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Palanzo	Roger			A	Cash Money	y Order X Personal C		1248		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
45 Briarwood Dr		Danbury			СТ	06810-7001	0	9/29/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		a x	Yes	
Consultant		Vivere, L	LC			If yes, list Event # 09			No	
Is contributor a principal of a state contractor of	or prospective	•	Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of					child of a lob	•		\$1	100.00	\$100.00
government the contract is with:		Executive	Legislative	L \	res X	No		1		
Last Name	First Name			MI	Method of Cash	contribution:	Theck	Contributio	on ID#	Amount of
Pastula	Gina					y Order Credit/De		1249		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
62 Thistledown		Suffield			СТ	06078-1638	0	9/29/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		1^	Yes	
Owner		Skyline F	Restaurant			If yes, list Event # 09			No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	itions	
state contractor? Is yes, indicate which branch or branches of		E	Tracks of	dependent	child of a lob	-		\$1	100.00	\$100.00
government the contract is with:	ᆜ	Executive	Legislative	Т П,	ιτ S Δ	INO				

	I. MONETARY RE	CEIPTS (Section	n A-I)			
NAME OF COMMITTEE					FILING	G DUE DATE
Foley For Governor, Inc.					Origin	al 10/12/2010
	B. Itemized Contributi	ons from Individu	ıals			
Last Name First Name		MI Method of	contribution:	Contributi	on ID#	Amount of
Prunty Peter		Cash Money	Personal Cl x Credit/Deb	1250		Contribution
Residential Street Address	City	State	Zip Code	Date Received		
4 Marc Rd	Danbury	СТ	06810-8262	09/29/201	0	
Principal Occupation	Name of Employer	•	Is this contribution associa	1.7	Yes	
Representative	City of Danbury		fundraising event listed in If yes, list Event # 092	Section J1?	No	
Is contributor a principal of a state contractor or prospectiv	Yes X No	Is contributor a lobbyis	-	Aggregate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	. –	dependent child of a lob	•	:	\$20.00	\$20.00
government the contract is with:	Executive Legislative	Yes X	No			
Last Name First Name			contribution:	Contributi	on ID#	Amount of
Roncaioli		Cash Money	/ Order Personal Cl	1252		Contribution
Residential Street Address	City	State	Zip Code	Date Received		
125 Randall Dr	Suffield	СТ	06078-1225	09/29/201	0	
Principal Occupation	Name of Employer		Is this contribution associa fundraising event listed in	1.7	Yes	
Banking	Windsor Federal Savings	_	If yes, list Event # 091		No	
Is contributor a principal of a state contractor or prospectiv	Yes X No	Is contributor a lobbyis	-	Aggregate Contrib	utions	
state contractor? Is yes, indicate which branch or branches of	Executive Legislative	dependent child of a lob	•	\$	100.00	\$100.00
government the contract is with:	Executive Legislative	 		<u> </u>		
Last Name First Name Samolyk Keith		MI Method of Cash	contribution:	Contributi	on ID#	Amount of Contribution
Samork	1	I I—	Order Credit/Deb	1253		Contribution
Residential Street Address	City	State	Zip Code	Date Received		
998 Windsor Ave	Windsor	СТ	06095-3427	09/29/201	0	
Principal Occupation	Name of Employer		Is this contribution associa fundraising event listed in	ted with a	Yes	
President & CEO	Global Blood Resources LLC		If yes, list Event # 091		No	
Is contributor a principal of a state contractor or prospectiv	e Yes X No	Is contributor a lobbyis				
state contractor?	Yes X No	dependent child of a lob		Aggregate Contrib	utions 200.00	\$200.00
Is yes, indicate which branch or branches of government the contract is with:	Executive Legislative	Yes X	No	Þ .	200.00	\$200.00
Last Name First Name		MI Method of	contribution:	Contributi	on ID#	Amount of
Seabury Gregg		Cash	X Personal Cl		011 12 11	Contribution
		Money	Order Credit/Deb	it Card		
Residential Street Address	City	State	Zip Code	Date Received		
40 Moody Ln	Danbury	СТ	06811-3806	09/29/201	0	
Principal Occupation	Name of Employer		Is this contribution associa	1.7	Yes	
Retired	Retired		fundraising event listed in If yes, list Event # 092	I .	No	
Is contributor a principal of a state contractor or prospectiv	e Yes X No	Is contributor a lobbyis	t snouse or	A : G : "		
state contractor?	Yes 🔼 INO	dependent child of a lob	-	Aggregate Contrib	utions 200.00	\$200.00
Is yes, indicate which branch or branches of government the contract is with:	Executive Legislative	Yes X	No	φ.		Ψ200.00

		I. MONET	ΓARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Itemized	Contribution	ons from	Individu	ıals				
Last Name Sendzimir	First Name Thaddeus			MI	Cash	contribution: X Personal (y Order Credit/De		Contribution 1257	on ID#	Amount of Contribution
Residential Street Address 247 West St		City Lakeside			State CT	Zip Code 06758		ate Received		
Principal Occupation President		Name of Employer T. Sendzimir, Ind	с.		•	Is this contribution assoc fundraising event listed in If yes, list Event # 10			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Leg	X No	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	150.00	\$150.00
Last Name Shepperd	First Name Wayne			MI	Cash	contribution: X Personal of the Credit/De		Contribution 1258	on ID#	Amount of Contribution
Residential Street Address 1205 Bradford Dr		City Danbury			State CT	Zip Code 06811-2633		ate Received 9/29/2010		
Principal Occupation Admin Mayor's Chief of Staff Name of Employer City of Danbury						Is this contribution assoc fundraising event listed in If yes, list Event # 09			Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Leg	X No	dependent	utor a lobbyis child of a lob 'es	byist?	Aggre	gate Contribu	utions 100.00	\$100.00
Last Name Simones	First Name Charles			MI J	Cash	contribution: X Personal of Credit/De		Contribution 1259	on ID#	Amount of Contribution
Residential Street Address 3 Longview Ave		City Waterford			State CT	Zip Code 06385-1906		eate Received		
Principal Occupation Priest		Name of Employer St. Sophia Churc	ch, New Lond	lon	-	Is this contribution assoc fundraising event listed in If yes, list Event # 09	n Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Leg	X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	stions \$50.00	\$50.00
Last Name Simones	First Name Joan			MI	Cash	contribution: X Personal of the Credit/December 2 Credit/December		Contribution 1260	on ID#	Amount of Contribution
Residential Street Address 3 Longview Ave		City Waterford			State CT	Zip Code 06385-1906		eate Received		
Principal Occupation Retired		Name of Employer Connecticut Colle	ege			Is this contribution assoc fundraising event listed in If yes, list Event # 09	n Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes Executive Leg	x No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions \$50.00	\$50.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origina	al 10/12/2010
		B. It	emized Contributi	ons from	Individu	ıals		•		
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Simones	Tom				Cash Money	y Order X Personal C		1261		Contribution
Residential Street Address		City		-	State	Zip Code	D	ate Received		
46 Gallup Ln		Waterford	d		СТ	06385-2242	0	9/29/2010)	
Principal Occupation Attorney		Name of Er Self	nployer			Is this contribution associating event listed in If yes, list Event # 09		J1?	Yes No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$400.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Steiner	Jessie				Cash Money	y Order Resonat Credit/De		1264		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
119 Walnut Hill Rd		Bethel			СТ	06801-3009	0	9/29/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ		1^	Yes	
Homemaker		Homema	aker			fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribu	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Steiner	Roy				Cash Money	y Order X Personal C		1265		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
119 Walnut Hill Rd		Bethel			СТ	06801-3009	0	9/29/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ		a x	Yes	
Builder/Developer		Berkshir	e Industrial Corp.			fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of government the contract is with:		Executive	Legislative		child of a lob	•		\$1	00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Taubman	Nicholas			F	Cash Money	y Order X Personal C		1267		Contribution
Residential Street Address	-	City			State	Zip Code	D	ate Received		
2818 Avenham Ave SW		Roanoke			VA	24014-1529	0	9/29/2010)	
Principal Occupation		Name of Er	mployer		•	Is this contribution associ		1^	Yes	
Retired		Retired				fundraising event listed in If yes, list Event # 09			No	
Is contributor a principal of a state contractor of	or prospective		Yes X No		utor a lobbyis	-	Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of		Executive	Legislative	dependent	child of a lob	-		\$2,0	00.00	\$2,000.00
government the contract is with:		Executive	Legisiative	Т , ,		INU	1			

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origina	al 10/12/2010
		B. It	emized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	n ID#	Amount of
Thiele	Steve				Cash Money	y Order X Personal C		1268		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
88 Rushforde Dr		Manches	ter		СТ	06040-7130	0	9/29/2010)	
Principal Occupation Chiropractor		Name of E	mployer			Is this contribution associ fundraising event listed in If yes, list Event # 09		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyis	byist?	Aggre	egate Contribut \$2	tions	\$250.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No				
Last Name Thomas	First Name Michael			MI	Cash	contribution: X Personal C y Order Credit/De		Contribution	n ID#	Amount of Contribution
Residential Street Address	1	City		1	State	Zip Code	D	ate Received		
822 Colonel Ledyard Hwy		Ledyard			СТ	06339-1208	0	9/29/2010)	
Principal Occupation		Name of E				Is this contribution associ fundraising event listed in		^	Yes	
Chiropractor		Advance	ed Back and Neck Ca	e		If yes, list Event # 09		I 1	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	outor a lobbyis t child of a lob Yes	bbyist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	n ID#	Amount of
Trase	Lisa				Cash Money	y Order Personal C		1270		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
901 Russell Ave		Suffield			СТ	06078-1030	0	9/29/2010)	
Principal Occupation Stay at Home Parent		Name of E	mployer			Is this contribution associ	Section .	J1?	Yes No	
				1		If yes, list Event # 09	152010		INO	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$1	tions 00.00	\$100.00
government the contract is with:		Executive	Legislative	 	res x		<u> </u>	1		
Last Name Trejo	First Name Kevin			MI G	Cash	y Order Personal C		Contribution	n ID#	Amount of Contribution
Residential Street Address	•	City			State	Zip Code	D	ate Received		
536 Shennecossett Rd Apt L		Groton			СТ	06340-5240	0	9/29/2010	1	
Principal Occupation		Name of E			-	Is this contribution associ fundraising event listed in		^	Yes	
Chairperson		Groton F	Republican Town Con	nmittee		If yes, list Event # 09		I 1	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No		utor a lobbyis child of a lob	byist?	Aggre	egate Contribut	tions 50.00	\$50.00
government the contract is with:		Executive	Legislative	\rac{1}{2}	res x	No				, , , ,

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FIL	ING DUE DATE
Foley For Governor, Inc.							Ori	ginal 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name Tuchmann	First Name Mark		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 1	Contribution ID #	Amount of Contribution
Residential Street Address 41 Pebblebrook Dr		City Rocky Hill		State CT	Zip Code 06067-4213		Received 29/2010	
Principal Occupation CEO		Name of Employer Beavex, Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$500.0	0 \$500.00
Last Name Ulrich	First Name Ronald		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	Contribution ID #	Amount of Contribution
Residential Street Address 329 Dans Hwy		City New Canaan		State CT	Zip Code 06840-2508		Received 29/2010	
Principal Occupation Name of Employer President RJ Ulrich & Co				Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event # 09092010A			X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	\$1,000.0	0 \$1,000.00
Last Name Wertheim	First Name Philip		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	Contribution ID #	Amount of Contribution
Residential Street Address 1 Chatsworth Pl		City Farmington		State CT	Zip Code 06032-1549		Received 29/2010	
Principal Occupation Self Employed		Name of Employer Airport Parking Management	: Inc.		Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggregate	e Contributions \$100.0	0 \$100.00
Last Name Zessin	First Name Mark		MI M	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1	Contribution ID #	Amount of Contribution
Residential Street Address 226 Overlook Rd		City Glastonbury		State CT	Zip Code 06033-3616		Received 29/2010	
Principal Occupation Engineer		Name of Employer Anchor Engineering Serv., Ir	ıc.	•	Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate	e Contributions \$100.0	0 \$100.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILI	NG DUE DATE
Foley For Governor, Inc.							Orig	inal 10/12/2010
		B. Itemized Contributi	ions from	ı Individu	ıals			
Last Name Zessin	First Name Sandra		MI S	Method of Cash	contribution:	heck	ontribution ID #	Amount of Contribution
Residential Street Address		City		Money State	y Order Credit/Deb Zip Code	it Card	Received	_
226 Overlook Rd		Glastonbury		СТ	06033-3616	09/29	9/2010	_
Principal Occupation Housewife		Name of Employer Housewife			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$100.00	\$100.00
Last Name Remington	First Name Eric		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 12	ontribution ID#	Amount of Contribution
Residential Street Address 953 River Blvd		City Suffield		State CT	Zip Code 06078-1414		Received 9/2010	
Principal Occupation VP		Name of Employer Kaman Corporation			Is this contribution associa fundraising event listed in If yes, list Event # 091	Section J1?	X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggregate (Contributions \$250.00	\$250.00
Last Name Scocimara	First Name Marguerit	е	MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 12	ontribution ID #	Amount of Contribution
Residential Street Address 16 Laurel Ln		City Greenwich		State CT	Zip Code 06830-3846		Received 9/2010	
Principal Occupation Housewife		Name of Employer Housewife			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$2,000.00	\$2,000.00
Last Name Durkin	First Name Patrick J.		MI	Cash	contribution: Personal Cl y Order X Credit/Deb	heck 12	ontribution ID #	Amount of Contribution
Residential Street Address 19 Rockwood Ln		City Greenwich		State CT	Zip Code 06830-3813		Received 9/2010	
Principal Occupation Investor		Name of Employer J Fitzgibbons LLC		•	Is this contribution associa fundraising event listed in If yes, list Event # 092	Section J1?	X Yes	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggregate (Contributions \$3,500.00	\$3,500.00

		I. M	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contribution	ons from	Individu	ıals				
Last Name Krediet	First Name Christoffe	l		MI	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 262 Tokeneke Rd		City Darien			State CT	Zip Code 06820-4822		Date Received		
Principal Occupation Attorney		Name of En			•	Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es x	byist?	Aggre	egate Contrib	utions 900.00	\$3,500.00
Last Name Krediet	First Name Courtney			MI	Cash	contribution: X Personal C y Order Credit/De		Contributi 1235	on ID#	Amount of Contribution
Residential Street Address 262 Tokeneke Rd		City Darien			State CT	Zip Code 06820-4822		Date Received		
Principal Occupation Homemaker		Name of En Homema				Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contrib	utions 900.00	\$3,500.00
Last Name Sayler	First Name Roger			MI	Cash	contribution: X Personal C		Contributi 1254	on ID#	Amount of Contribution
Residential Street Address 59 White Fall Ln		City New Cana	aan		State CT	Zip Code 06840-2038		Date Received 09/29/201		
Principal Occupation Retired		Name of En Retired	nployer		-	Is this contribution associ fundraising event listed in If yes, list Event #		J12 L	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu	utions 250.00	\$2,250.00
Last Name Streeter	First Name James			MI L	Cash	contribution: X Personal C y Order Credit/De		Contributi 1266	on ID#	Amount of Contribution
Residential Street Address 64 Pleasant St		City Groton			State CT	Zip Code 06340-3908		Date Received		
Principal Occupation Forensic Examiner		Name of En				Is this contribution associ fundraising event listed in If yes, list Event # 09	n Section .	_{J1?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribi	utions 500.00	\$500.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contribut	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contribution	on ID#	Amount of
Smith	Richard			W	Cash Money	y Order X Personal Credit/De		1263		Contribution
Residential Street Address	•	City		•	State	Zip Code	Γ	ate Received		1
19 Wertsville Rd		Hillsborou	ugh		NJ	08844-3230	C	9/29/2010	0	
Principal Occupation		Name of Er	mployer		•	Is this contribution assoc		1^	Yes	
Private Equity		J. P. Mor	rgan			fundraising event listed if If yes, list Event # 09	222010		No	
Is contributor a principal of a state contractor	or prospective	•	Yes X No		outor a lobbyis		Aggre	egate Contribu	utions	Ī
state contractor? Is yes, indicate which branch or branches of		Eti	T. animination	I '─	t child of a lob Yes	•		\$7,0	00.00	\$3,500.00
government the contract is with:	L L	Executive	Legislative	+ =	1		<u> </u>	1		<u> </u>
Last Name Smith	First Name Charlotte			MI V	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
						y Order Credit/De	ebit Card	1262		Commodulon
Residential Street Address		City			State	Zip Code	Г	Date Received		
19 Wertsville Rd		Hillsborou	ugh		NJ	08844-3230	С)9/29/2010	0	
Principal Occupation		Name of En	mployer			Is this contribution associ fundraising event listed		1^	Yes	
Homemaker		None				If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of					t child of a lob	-		-	500.00	\$3,500.00
government the contract is with:		Executive	Legislative	📙 '	res X					
Last Name Yamin	First Name Robert			MI J	Method of Cash	contribution:	Check	Contribution	on ID#	Amount of Contribution
Tallill	Robert					y Order X Credit/D		1276		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
66 Barnum Rd		Danbury			СТ	06811-2938	С	09/29/2010	0	1
Principal Occupation		Name of Er				Is this contribution associ fundraising event listed		a x	Yes	
Attorney		Yamin &	Yamin, LLP			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	<u> </u>	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contribu	utions	†
state contractor? Is yes, indicate which branch or branches of				Î	t child of a lob	•		-	775.00	\$500.00
government the contract is with:		Executive	Legislative		res X	No				
Last Name	First Name			MI		contribution:	Chaolr	Contribution	on ID#	Amount of
Han	David				Cash Money	y Order Credit/D		1229		Contribution
Residential Street Address		City			State	Zip Code	Г	Date Received		
628 Lake Ave		Greenwic	:h		СТ	06830-3854	C)9/29/2010	0	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed		1^	Yes	
Private Equity		One Equ	ity Partners			If yes, list Event # 09			No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	outor a lobbyis	t, spouse, or	Aggre	egate Contribu	utions	İ
state contractor? Is yes, indicate which branch or branches of	_			dependent	t child of a lob	byist?			00.00	\$3,500.00
government the contract is with:		Executive	Legislative		res X	No				

		I. MONETARY RI	ECEIPTS	S (Sectio	n A-I)			
NAME OF COMMITTEE							FILING	G DUE DATE
Foley For Governor, Inc.							Origin	al 10/12/2010
		B. Itemized Contribu	tions fron	ı Individu	ıals			
Last Name Christian	First Name Paul		MI D	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1218	ibution ID#	Amount of Contribution
Residential Street Address 281 Hill St	•	City Suffield	'	State CT	Zip Code 06078-1507	Date Rece 09/29/2		
Principal Occupation Self-Employed		Name of Employer Self-Employed			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$200.00	\$100.00
Last Name Turner	First Name Mary Ann		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 127	ibution ID#	Amount of Contribution
Residential Street Address 7 Meadow Rd		City Enfield		State CT	Zip Code 06082-6003	Date Rece 09/29/2		
Principal Occupation Business Owner		Name of Employer Projects Unlimited			Is this contribution associa fundraising event listed in If yes, list Event # 091		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$125.00	\$100.00
Last Name Higdon	First Name Henry		MI G	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1298	ibution ID#	Amount of Contribution
Residential Street Address 486 North St		City Greenwich	•	State CT	Zip Code 06830-3449	Date Rece		
Principal Occupation Consultant		Name of Employer Higdon Partners			Is this contribution associa fundraising event listed in If yes, list Event # 092		X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	\$5,900.00	\$3,500.00
Last Name Coppage	First Name Timothy		MI H	Cash	contribution: X Personal Cl y Order Credit/Deb	heck 1293	ibution ID#	Amount of Contribution
Residential Street Address 4 Muirfield Rd		City Bloomfield		State CT	Zip Code 06002-2378	Date Rece 09/30/2		
Principal Occupation Vice President		Name of Employer Self-Employed		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependen	outor a lobbyis t child of a lob Yes	byist?	Aggregate Cor	stributions \$2,975.00	\$500.00

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origina	al 10/12/2010
		B. It	emized Contributi	ons from	Individu	ıals				
Last Name	First Name			MI		contribution:	Thools	Contribution	n ID#	Amount of
Coppage	Gail				Cash Money	y Order Credit/De		1292		Contribution
Residential Street Address 4 Muirfield Rd		City Bloomfiel	d		State CT	Zip Code 06002-2378		Pate Received		
Principal Occupation		Name of Er			Ci	Is this contribution associ	_		Yes	
State Director of Workforce Development		1	icut Community Colle	ege -		fundraising event listed in If yes, list Event # 10	n Section . 072010	J1?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$6	25.00	\$500.00
Last Name	First Name			MI		contribution:		Contribution	n ID#	Amount of
Downey, Sr.	John	,		R	Cash Money	y Order Personal Credit/De		1295		Contribution
Residential Street Address 3 Guardhouse Dr		City Redding			State CT	Zip Code 06896-1827		Pate Received	ı	
Principal Occupation		Name of Er	nployer		•	Is this contribution assoc		1^1	Yes	
Lawyer		Rome Mo	cGuigan, P.C.			fundraising event listed in If yes, list Event # 10		1 1	No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contribut \$1	tions 00.00	\$100.00
Last Name	First Name			MI		contribution:		Contribution	n ID#	Amount of
Braddock	Richard			S	Cash Money	y Order		1283		Contribution
Residential Street Address		City New York	,		State NY	Zip Code 10028-8031		Pate Received		
10 Gracie Sq Principal Occupation		Name of Er			INI	Is this contribution associ			Yes	
CEO		Flash Dir				fundraising event listed in If yes, list Event # 09		J1?	No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggre	egate Contribut \$2,0	tions 00.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	<u> </u>	Contribution	n ID#	Amount of
Roggeveen	Robert				Cash Money	Personal (y Order X Credit/De		1307		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
45 Arlington Rd		West Har			СТ	06107-1602	_	9/30/2010	1	
Principal Occupation unemployed		Name of Er none	nployer			Is this contribution associ fundraising event listed in If yes, list Event #		_{J1?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	•	Yes X No	dependent	utor a lobbyis	byist?	Aggre	egate Contribut	tions 00.00	\$50.00
government the contract is with:	Ш	Executive	Legislative	<u></u> Ц у	es x	No				

		I. M	IONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ions fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID#	Amount of
Simmons	Steven			J	Cash Money	y Order Registration X Personal C		1315		Contribution
Residential Street Address	<u> </u>	City			State	Zip Code		ate Received		
66 Winding Ln		Greenwic	:h		СТ	06831-3734	0	9/30/2010)	
Principal Occupation		Name of En	mployer			Is this contribution associ	ated with	a	Yes	
Business Executive		Simmon	s/P? Media Comm.			fundraising event listed in If yes, list Event #	n Section .	J1? x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	I '-	child of a lob	•		\$3,0	00.00	\$1,500.00
government the contract is with: Last Name	First Name	Z.Keeun ve	ведилите	MI		contribution:		Contributio	ID //	
Tomasso, Jr.	Angelo			1411	Cash	y Order Personal C		1323	on ID#	Amount of Contribution
Residential Street Address	l	City			State	Zip Code		ate Received		
132 Roslyn Dr		New Brita	ain		СТ	06052-1824	0	9/30/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ		1^	Yes	
Civil Engineer		Retired				fundraising event listed in If yes, list Event # 10		J1?	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	egate Contribu \$1,0	itions 000.00	\$1,000.00
Last Name	First Name			MI	Method of	contribution:	•	Contributio	on ID#	Amount of
Tomasso	Joy			L	Cash Money	y Order X Personal C		1321		Contribution
Residential Street Address		City			State	Zip Code	Б	ate Received		
132 Roslyn Dr		New Brita	ain		СТ	06052-1824	0	9/30/2010)	
Principal Occupation		Name of En	mployer			Is this contribution associ fundraising event listed in		a x	Yes	
Homemaker		Homema	aker			If yes, list Event # 10			No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				I	child of a lob	•		\$1,0	00.00	\$1,000.00
government the contract is with:	<u> </u>	Executive	Legislative	L Y	res X	No		1		<u> </u>
Last Name Sargent	First Name Mary			MI T	Method of Cash	contribution:	Theck	Contributio	on ID#	Amount of Contribution
Sargent	inal y			'		y Order Credit/De		1310		Contribution
Residential Street Address		City			State	Zip Code	Е	ate Received		
25 Colony Rd		West Har	tford		СТ	06117-2215	0	9/30/2010)	
Principal Occupation		Name of En				Is this contribution associ fundraising event listed in		1^	Yes	
Homemaker		Homema	aker			If yes, list Event # 10			No	
Is contributor a principal of a state contractor of	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of				dependent	child of a lob	-			500.00	\$500.00
government the contract is with:	Ц	Executive	Legislative		es x	N0	<u> </u>			

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							C	Origina	1 10/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name	First Name		MI		contribution:		Contribution I	D#	Amount of
Sargent	Joseph		D	Cash Money	y Order X Personal Cl Credit/Deb		1309		Contribution
Residential Street Address		City		State	Zip Code		e Received		
25 Colony Rd		West Hartford		СТ	06117-2215		/30/2010		
Principal Occupation Investments		Name of Employer Bradley, Foster & Sargent			Is this contribution associa fundraising event listed in If yes, list Event # 100		, x y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	te Contribution \$750		\$500.00
Last Name Ancona, Jr.	First Name Benjamin		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 1598 Main St		City Newington	•	State CT	Zip Code 06111-3148		e Received /30/2010		
Principal Occupation Lawyer		Name of Employer Self		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Y		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	te Contribution \$250		\$250.00
Last Name Ancona, Sr.	First Name Benjamin		MI	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 411 Flanders River Rd		City Coventry		State CT	Zip Code 06238-3414		e Received /30/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	1 1		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	te Contribution \$250		\$250.00
Last Name Blanchet	First Name Sheila		MI M	Cash	contribution: Personal Cl y Order X Credit/Deb	heck	Contribution II	D#	Amount of Contribution
Residential Street Address 98 Prospect Hill Rd		City Guilford		State CT	Zip Code 06437-2013		e Received /30/2010		
Principal Occupation RN		Name of Employer Gladeview Healthcare Center	-	•	Is this contribution associa fundraising event listed in If yes, list Event #		Y X N	res No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	te Contribution	ns 0.00	\$10.00

		I. M	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Ite	emized Contribut	ions fron	Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Bouvier	Robert			F	Cash Money	=	al Check /Debit Card	1282		Contribution
Residential Street Address		City		<u> </u>	State	Zip Code	I	Date Received		•
15 Borough Dr		West Har	tford		СТ	06117-3008	(09/30/2010)	
Principal Occupation Retired		Name of En	nployer			Is this contribution as: fundraising event liste If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggr	egate Contribu \$2	itions	\$200.00
government the contract is with: Last Name	First Name	LACCULIVE	Legislative	I _{MI}	1	contribution:		Contributio	TD //	
Brady	Timothy			WII	Cash	X Person	nal Check /Debit Card	1284	on ID#	Amount of Contribution
Residential Street Address		City			State	Zip Code		Date Received		
343 High Street Ext		Thomasto	on		СТ	06787-1437		09/30/2010)	
Principal Occupation Motorcoach Owner		Name of En				Is this contribution as: fundraising event liste If yes, list Event #	ed in Section	J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob Yes	byist?	Aggr	egate Contribu \$1	itions	\$150.00
Last Name	First Name			MI	Method of	contribution:		Contributio	on ID #	Amount of
Brown	Diane				Cash Money	=	al Check Debit Card	1285		Contribution
Residential Street Address		City			State	Zip Code		Date Received		
62 Westwood Rd		West Har	tford		СТ	06117-2252	<u> </u>	09/30/2010		•
Principal Occupation Homemaker		Name of En Homema				Is this contribution as: fundraising event liste		J1?	Yes	
- Tromement						If yes, list Event #	10072010	<u>DA</u> L	No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob res	byist?	Aggr	egate Contribu \$2	tions 250.00	\$250.00
Last Name	First Name			MI	Method of	contribution:	<u>'</u>	Contributio	on ID #	Amount of
Buchan	Hannah	1		F	Cash Money	=	nal Check /Debit Card	1286		Contribution
Residential Street Address		City			State	Zip Code		Date Received	_	
1030 5th Ave Unit 3W		New York			NY	10028-0136		09/30/2010	, 	
Principal Occupation Homemaker		Name of En Homema				Is this contribution as: fundraising event liste If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of	or prospective		Yes X No	dependent	utor a lobbyis child of a lob	byist?	Aggr	egate Contribu \$5	itions	\$500.00
government the contract is with:	Ш	Executive	Legislative	Y	res X	No				

		I. MONETARY	RECE	EIPTS	(Section	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Itemized Contri	bution	s from	Individu	ials				
Last Name Buchan	First Name Richard		M D	MI D	Method of o	contribution: X Personal C		Contribution 1287	on ID#	Amount of Contribution
Residential Street Address 1030 5th Ave Unit 3W		City New York			State NY	Zip Code 10028-0136		ate Received	0	
Principal Occupation Money Manager		Name of Employer Hunter Global Associate	s, LLC.			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			ntor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	itions	\$500.00
Last Name Carroll	First Name Chuck		N	ΜI	Method of o	contribution: X Personal C		Contribution 1288	on ID#	Amount of Contribution
Residential Street Address 206 Peach Orchard Rd		City Southbury			State CT	Zip Code 06488-1134		ate Received 9/30/2010		
Principal Occupation Accounts Receivable Specialist		Name of Employer Coface North America In	ıc.			Is this contribution associ fundraising event listed in If yes, list Event # 10	Section J		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			ntor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	utions L50.00	\$150.00
Last Name Caruso	First Name Michael		N	MI	Method of o	contribution: Personal C		Contribution 1289	on ID#	Amount of Contribution
Residential Street Address 4 Patton Rd		City Wilton			State CT	Zip Code 06492		eate Received	0	
Principal Occupation Vice President		Name of Employer Connecticut Screen Wor	ks, Inc.			Is this contribution associ fundraising event listed in If yes, list Event #		_{11?}	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			tor a lobbyist child of a lob es	byist?	Aggre	gate Contribu	utions	\$100.00
Last Name Chubet	First Name Thomas		N D	MI D	Method of o	contribution: X Personal C		Contribution 1290	on ID #	Amount of Contribution
Residential Street Address 49 Maplewood St		City Larchmont			State NY	Zip Code 10538-1632		ate Received 9/30/2010		
Principal Occupation Wealth Advisor		Name of Employer Morgan Stanley Smith E	arney			Is this contribution associ fundraising event listed in If yes, list Event # 09	Section J		Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X N Executive Legislative			ntor a lobbyist child of a lob es	byist?	Aggre	gate Contribu \$1,0	ntions	\$1,000.00

		I. N	IONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. It	emized Contributi	ions fron	ı Individu	ıals				
Last Name	First Name			MI	Method of	contribution:		Contributio	n ID#	Amount of
Colley	Bruce			D	Cash Money	y Order		1291		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
PO Box 779		Croton Fa	alls		NY	10519-0779	0	9/30/2010)	
Principal Occupation		Name of E	mployer			Is this contribution associ		1^	Yes	
Self-employed		Self-Em	ployed			fundraising event listed in If yes, list Event # 092	232010		No	
Is contributor a principal of a state contractor	or prospective		Yes X No		utor a lobbyis		Aggre	egate Contribu	tions	
state contractor? Is yes, indicate which branch or branches of	П	Executive	Legislative	I	child of a lob	•		\$5	00.00	\$500.00
government the contract is with:	First Name	Executive	Legislative	+ =	1	contribution:		1		<u> </u>
Demmon	Marc			MI	Cash	Personal C	Check	Contributio	n ID#	Amount of Contribution
					Money	y Order X Credit/Del	bit Card	1294		
Residential Street Address		City			State	Zip Code	D	ate Received		
2230 N Orchard St Apt 206		Chicago			IL	60614-3775	0	9/30/2010)	
Principal Occupation		Name of Er	mployer			Is this contribution associ- fundraising event listed in			Yes	
Broker		Etrade				If yes, list Event #		х	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	egate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of				1 —	child of a lob	-		\$1	00.00	\$100.00
government the contract is with:	<u> </u>	Executive	Legislative	L Y	res X	No		1		<u> </u>
Last Name Field	First Name Richard			MI D	Method of Cash	contribution:	heck	Contributio	n ID#	Amount of Contribution
Tield	Ricilaru			J	_	y Order Credit/Del		1296		Contribution
Residential Street Address		City			State	Zip Code	D	ate Received		
964 Smith Ridge Rd		New Can	aan		СТ	06840-2328	0	9/30/2010)	
Principal Occupation		Name of E				Is this contribution association fundraising event listed in			Yes	
Private Investor		Richard	D. Field Associates			If yes, list Event #	section .	x	No	
Is contributor a principal of a state contractor	or prospective		Yes X No	Is contrib	utor a lobbyis	it, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of					child of a lob	byist?	118810	-	00.00	\$2,500.00
government the contract is with:		Executive	Legislative	<u> </u>	res X	No				
Last Name	First Name			MI		contribution:	31 1	Contributio	n ID#	Amount of
Fleming	David	,			Cash Money	y Order X Credit/Del		1297		Contribution
Residential Street Address		City			State	Zip Code		ate Received		
105 Norfield Rd		Weston			СТ	06883-2224	0	9/30/2010)	
Principal Occupation		Name of Er				Is this contribution associ- fundraising event listed in			Yes	
Attorney		Warren	Resources			If yes, list Event #	. Section :	х	No	
Is contributor a principal of a state contractor	or prospective	1	Yes X No	Is contrib	utor a lobbyis	t, spouse, or	Aggre	gate Contribu	tions	İ
state contractor? Is yes, indicate which branch or branches of	_		_	_	child of a lob	-		-	50.00	\$50.00
government the contract is with:	Ш	Executive	Legislative	Y	res x	No				

		I. MONETARY RE	CEIPTS	S (Section	n A-I)				
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.							(Origina	al 10/12/2010
		B. Itemized Contributi	ons fron	ı Individu	ıals				
Last Name Holcombe	First Name Shepherd		MI	Cash	contribution: X Personal Cl y Order		Contribution	ID#	Amount of Contribution
Residential Street Address 42 Pilgrim Rd		City West Hartford		State CT	Zip Code 06117-2242		te Received 9/30/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 100		? <u> </u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggreg	ate Contributio	ons 00.00	\$500.00
Last Name Kelly	First Name Philip		MI F	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 27 Glenwood Rd		City West Hartford		State CT	Zip Code 06107-1506		te Received 9/30/2010		
Principal Occupation Self Employed		Name of Employer The PF Kelly Company		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	?		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contribution		\$1,000.00
Last Name Macary, Jr.	First Name Francis		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 49 Barnhill Rd		City Woodbury		State CT	Zip Code 06798-2220		te Received 9/30/2010		
Principal Occupation CEO		Name of Employer HOB Industries, Inc.			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	·? 🖺		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggreg	ate Contributio	ons 00.00	\$300.00
Last Name O'Meara	First Name Peter		MI H	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address PO Box 799		City South Orleans		State MA	Zip Code 02662-0799		te Received 9/30/2010		
Principal Occupation Volunteer		Name of Employer Volunteer		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggreg	ate Contributio	ons 50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Section	n A-I)			
NAME OF COMMITTEE							FILIN	G DUE DATE
Foley For Governor, Inc.							Origin	nal 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals			
Last Name O'Meara	First Name Susan		MI L	Cash	contribution: X Personal Cl	neck 13	ntribution ID #	Amount of Contribution
Residential Street Address PO Box 799		City South Orleans		State MA	Zip Code 02662-0799	Date Re	eceived 1/2010	
Principal Occupation Volunteer		Name of Employer Volunteer			Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$50.00	\$50.00
Last Name Pile	First Name Roger		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 13	ntribution ID #	Amount of Contribution
Residential Street Address 53 Winthrop Dr		City Riverside		State CT	Zip Code 06878-1911	Date Re 09/30	eceived 0/2010	
Principal Occupation Software Executive		Name of Employer CA Technologies		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$1,250.00	\$1,250.00
Last Name Rowland	First Name John		MI G	Cash	contribution: X Personal Cl y Order Credit/Debi	neck 13	ntribution ID #	Amount of Contribution
Residential Street Address 98 Leonard Rd		City Middlebury		State CT	Zip Code 06762-3603	Date Re 09/30	eceived 1/2010	
Principal Occupation Marketing Consultant		Name of Employer JGR Associates		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1?	X Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggregate C	Contributions \$150.00	\$150.00
Last Name Schaus	First Name Michael		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck 13	ntribution ID #	Amount of Contribution
Residential Street Address 24 Oakley Ln		City Greenwich		State CT	Zip Code 06830-3025	Date Re 09/30	eceived 1/2010	
Principal Occupation Analyst		Name of Employer Zweig Securities		•	Is this contribution associa fundraising event listed in If yes, list Event #		Yes X No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggregate C	Contributions \$100.00	\$100.00

		I. MO	ONETARY REC	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE									FILING	G DUE DATE
Foley For Governor, Inc.									Origin	al 10/12/2010
		B. Iter	mized Contributio	ons from	Individu	ıals				
Last Name Schnurr	First Name Robert			MI	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 30 Cornwall Bridge Rd		City Sharon			State CT	Zip Code 06069		ate Received		
Principal Occupation Physician		Name of Emp Physician	oloyer For Women's Health	า		Is this contribution associ fundraising event listed in If yes, list Event # 10		11? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	utions 000.00	\$1,000.00
Last Name Sherrill	First Name Katherine			MI D	Cash	contribution: X Personal C y Order Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 765 Park Ave PH 4B		City New York			State NY	Zip Code 10021-4271		ate Received		
Principal Occupation Homemaker		Name of Emp Homemak	•			Is this contribution associ fundraising event listed in If yes, list Event # 09		11? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No	dependent	utor a lobbyis child of a lob es	byist?	Aggre	gate Contrib	utions 500.00	\$3,500.00
Last Name Sherrill	First Name Stephen			мі С	Cash	contribution: X Personal C		Contributi	on ID#	Amount of Contribution
Residential Street Address 765 Park Ave PH 4B		City New York			State NY	Zip Code 10021-4271		ate Received		
Principal Occupation Private Equity Investment		Name of Emp Bruckman LLC.	oloyer In,Rosser,Sherrill &	Co.,		Is this contribution associ fundraising event listed in If yes, list Event # 09		11? E	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob res	byist?	Aggre	gate Contribu	ations 500.00	\$3,500.00
Last Name Spencer	First Name Norman			MI	Cash	contribution: Personal C y Order X Credit/De		Contributi	on ID#	Amount of Contribution
Residential Street Address 300 Merline Rd		City Vernon			State CT	Zip Code 06066-4030		ate Received		
Principal Occupation Quality Analyst		Name of Emp Pratt & WI	•			Is this contribution associ fundraising event listed in If yes, list Event #		J1?	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Executive	Yes X No Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggre	gate Contrib	ations \$50.00	\$50.00

		I. MONETARY RE	CEIPTS	S (Sectio	n A-I)				
NAME OF COMMITTEE							I	FILING	DUE DATE
Foley For Governor, Inc.							(Origina	al 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Storr	First Name Hans		MI G	Cash	contribution: X Personal Cl	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 33 Brookridge Dr		City Greenwich		State CT	Zip Code 06830-4829		te Received /30/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event # 100		11.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	\$1,000		\$1,000.00
Last Name Strobel, Sr.	First Name George		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 35 Shannon Ave		City Watertown		State CT	Zip Code 06795-2522		te Received /30/2010		
Principal Occupation Self Employed		Name of Employer GSS Industries		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J13	11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contributio \$150	ons 0.00	\$150.00
Last Name Sullivan	First Name Kathleen		MI	Cash	contribution: X Personal Cl	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 86 Bloomfield Ave		City Hartford		State CT	Zip Code 06105-1006		te Received /30/2010		
Principal Occupation Volunteer		Name of Employer Volunteer			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J13	1 1 .		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ste Contribution	ons 5.00	\$125.00
Last Name Sullivan	First Name Patrick		MI J	Cash	contribution: X Personal Cl y Order Credit/Deb	heck	Contribution I	ID#	Amount of Contribution
Residential Street Address 86 Bloomfield Ave		City Hartford		State CT	Zip Code 06105-1006		te Received /30/2010		
Principal Occupation Government Relations		Name of Employer Sullivan & LeShane Inc.		•	Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	11.		
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggrega	ate Contribution	ons 5.00	\$125.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.								Origina	al 10/12/2010
		B. Itemized Contribut	ions fron	ı Individu	ıals				
Last Name Tomasso	First Name Linda		MI P	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 1 Eton Pl		City Farmington		State CT	Zip Code 06032-1546		te Received 9/30/2010		
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associa fundraising event listed in If yes, list Event # 100		? <u> </u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribution \$1,00		\$1,000.00
Last Name Ulbrich, Jr.	First Name Fred		MI	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 59 Madison Ave		City Wallingford		State CT	Zip Code 06492-5160		te Received 9/30/2010		
Principal Occupation Chairman		Name of Employer Ulbrich Steel			Is this contribution associa fundraising event listed in If yes, list Event # 100	Section J1	? <u>—</u>		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contributio	ons 50.00	\$150.00
Last Name Vallely	First Name Mark		MI J	Cash	contribution: Personal Cl y Order X Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 118 Glenwood Dr		City Greenwich		State CT	Zip Code 06830-7015		te Received 9/30/2010		
Principal Occupation CEO		Name of Employer Intragrated Resources Holdi	ngs, Inc.		Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribution \$3,50		\$3,500.00
Last Name Wasmer	First Name Pedro		MI E	Cash	contribution: X Personal Cl y Order Credit/Deb		Contribution	ID#	Amount of Contribution
Residential Street Address 201 Old Academy Rd		City Fairfield		State CT	Zip Code 06824-7162		te Received 0/30/2010		
Principal Occupation Retired		Name of Employer Retired		•	Is this contribution associa fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	outor a lobbyis t child of a lob Yes	byist?	Aggreg	ate Contribution		\$2,000.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							1	FILING	DUE DATE
Foley For Governor, Inc.							(Origina	al 10/12/2010
		B. Itemized Contributi	ons from	ı Individu	ıals				
Last Name Weld	First Name William		MI F	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution 1327	ID#	Amount of Contribution
Residential Street Address 340 Madison Ave Fl 17		City New York		State NY	Zip Code 10173-1922		te Received /30/2010		
Principal Occupation Partner		Name of Employer McDermott Will & Emery ,LLF	o.		Is this contribution associate fundraising event listed in Surface If yes, list Event # 092		11.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	\$1,00		\$1,000.00
Last Name Wendt	First Name Gary		MI C	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution 1328	ID#	Amount of Contribution
Residential Street Address 3055 Harbor Dr		City Fort Lauderdale		State FL	Zip Code 33316-2460		e Received /30/2010		
Principal Occupation Investor		Name of Employer Unemployed		•	Is this contribution associate fundraising event listed in State of the If yes, list Event #		?	Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ste Contribution \$3,50		\$3,500.00
Last Name Wendt	First Name Rosemari	e	MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution	ID#	Amount of Contribution
Residential Street Address 3055 Harbor Dr		City Fort Lauderdale		State FL	Zip Code 33316-2460		te Received /30/2010		
Principal Occupation Investor		Name of Employer Unemployed			Is this contribution associate fundraising event listed in State If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	\$3,50		\$3,500.00
Last Name West	First Name Thomas		MI M	Cash	contribution: X Personal Cl y Order Credit/Debi	neck	Contribution 1330	ID#	Amount of Contribution
Residential Street Address 126 Taconic Rd		City Greenwich		State CT	Zip Code 06831-3139		te Received /30/2010		
Principal Occupation Retired		Name of Employer Retired			Is this contribution associal fundraising event listed in S If yes, list Event #		? x 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contributio	ons 0.00	\$500.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							F	FILING	DUE DATE
Foley For Governor, Inc.							(Origina	1 10/12/2010
		B. Itemized Contributi	ons fron	Individu	ıals				
Last Name Westby	First Name Kie		MI	Cash	contribution: X Personal Ch y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 45 Homestead Rd		City Southbury		State CT	Zip Code 06488-4421		e Received /30/2010		
Principal Occupation Lawyer		Name of Employer Law Offices of Kie Westby		•	Is this contribution associate fundraising event listed in Surface If yes, list Event # 092		11.		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	\$1,000		\$1,000.00
Last Name Williams	First Name Scott		MI W	Cash	contribution: X Personal Characteristics y Order Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 183 Spicewood Ln		City Kensington		State CT	Zip Code 06037-2831		e Received /30/2010		
Principal Occupation Business Owner		Name of Employer Atlantic Steel & Processing		•	Is this contribution associate fundraising event listed in 1 If yes, list Event # 100	Section J1?	11,		
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob Yes	byist?	Aggrega	ate Contribution \$150		\$150.00
Last Name Young	First Name Penelope		MI	Cash	contribution: Personal Ch y Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 52 Indian Rock Rd		City New Canaan		State CT	Zip Code 06840-3115		e Received /30/2010		
Principal Occupation Homemaker		Name of Employer Homemaker		•	Is this contribution associate fundraising event listed in If yes, list Event #			Yes No	
Is contributor a principal of a state contractor- state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob es x	byist?	Aggrega	ste Contribution		\$125.00
Last Name Young	First Name Robert		MI	Cash	contribution: Personal Cl y Order X Credit/Debi	neck	Contribution I	ID#	Amount of Contribution
Residential Street Address 52 Indian Rock Rd		City New Canaan		State CT	Zip Code 06840-3115	1	e Received /30/2010		
Principal Occupation Venture Capital		Name of Employer Self-Employed		•	Is this contribution associal fundraising event listed in S If yes, list Event #		? X 1	Yes No	
Is contributor a principal of a state contractor state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyis child of a lob	byist?	Aggrega	ate Contribution		\$125.00

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE	
Foley For Governor, Inc.							Origina	al 10/12/2010	
		B. Itemized Contribution	ons from	Individu	ıals				
Last Name	First Name		MI	Method of o	contribution:	Contribut	ion ID#	Amount of	
Moore	Rhys		L	Cash Money	Personal Ch Order Credit/Debi	neck 1303	.011 12 11	Contribution	
Residential Street Address		City		State	Zip Code	Date Received	i		
45 Indian Cave Rd		Ridgefield		CT	06877-5804	09/30/201			
		radgenera		<u> </u>			_		
Principal Occupation		Name of Employer			Is this contribution associat fundraising event listed in S		X Yes		
Consultant		Griffin Llewellyn LLC.			_		No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:	or prospective	Yes X No Executive Legislative	dependent	utor a lobbyist child of a lob es x	byist?	Aggregate Contrib	outions 350.00	\$100.00	
Last Name	First Name		MI	Method of	contribution:	Contribut	ion ID#	Amount of	
Malone	Claudine		В	Cash Money	V Order X Personal Ch	1302		Contribution	
Residential Street Address		City		State	Zip Code	Date Received	i		
700 Belgrove Rd		McLean		VA	22101-1836	09/30/201	.0		
Principal Occupation		Name of Employer			Is this contribution associat	ed with a	Yes		
Mgt. Consultant		Financial & Management Con	nectina		fundraising event listed in S	Section J1?			
Mgt. Consultant		Inc.	recently,		If yes, list Event #	Ľ	X No		
Is contributor a principal of a state contractor of state contractor? Is yes, indicate which branch or branches of government the contract is with:		Yes X No Executive Legislative	1	utor a lobbyist child of a lob	byist?	Aggregate Contrib	outions 000.00	\$500.00	
						Total of	Section B	\$355,586.00	
TOTAL OF ALL CONTRIBU	TIONS FI	ROM INDIVIDUALS	(Section	ons A & B)	(Total on Line 14 o	of Summary Page)		\$355,586.00	

I. I	I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE							FILING	DUE DATE		
Foley For Governor, Inc.							Original	10/12/2010		
C1. Co	ntributi	ons	from Other Co	ommit	tees					
Name of Committee Middlebury Republican Town Committee					Name of Treasurer Thomas C King	3				
Address PO Box 1206			Is this contribution a fundraising event l			Yes If yes, list Event X No	#	Amount of Contribution		
City Middlebury	State CT	Zip (Code	Date R	eceived	Aggregate Contributions	5200.00	\$200.00		
Name of Committee New Canaan Republican Town Committee					Name of Treasurer Roy Abramow	itz				
Address PO Box 42			Is this contribution a fundraising event l			Yes If yes, list Event No	:#	Amount of Contribution		
City New Canaan	State	Zip (Date R	eceived 1/2010	Aggregate Contributions \$2,	,000.000	\$2,000.00		
Name of Committee Southbury Republican Town Committee		•			Name of Treasurer Vincent Tosca	no				
Address PO Box 315			Is this contribution a fundraising event l			Yes If yes, list Event X No	:#	Amount of Contribution		
City Southbury	State CT	Zip (Date R	eceived 1/2010	Aggregate Contributions	5500.00	\$500.00		
						Total of S	Section C1	\$2,700.00		

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTEE				FILIN	NG DUE DATE				
Foley For Governor, Inc.	Origi	Original 10/12/2010							
C2. Reimbursements or Payments from other Committees									
Name of Committee			Name of Treasurer						
Address			Date Received		Amount of Receipt				
City	State	Zip Code	Reimbursement for shared expense						
			Payment for goods and services						
Total of Section C2									

	I. MONETARY RECEIPTS (Section	on A-K)			
NAME OF COMMITTEE					FILING	DUE DATE
Foley For Governor, Inc.					Original	10/12/2010
	D. Loans Received this Period					
Name of Lender Mr. Thomas C Foley Street Address 62 Khakum Wood Rd Name of Cosigner/Guarantor	City Greenwich	State CT	Zip Code 06831-3748	Bank X Candidate Individual Other Committee	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code	Date Received 09/21/2010		\$500,000.00
Name of Lender Mr. Thomas C Foley Street Address 62 Khakum Wood Rd Name of Cosigner/Guarantor	City Greenwich	State CT	Zip Code 06831-3748	Bank X Candidate Individual	Is there a cosigner or Guarantor of this loan? Yes No	Amount Received
Street Address	City	State	Zip Code	Committee Date Received 09/23/2010		\$315,000.00
Name of Lender Mr. Thomas C Foley	Γ	1.	ı	Source of Loan:	Is there a cosigner or Guarantor of this loan?	Amount Received
Street Address 62 Khakum Wood Rd	City Greenwich	State CT	Zip Code 06831-3748	X Candidate Individual	Yes	
Name of Cosigner/Guarantor				Other Committee	X No	
Street Address	City	State	Zip Code	Date Received 09/29/2010		\$485,000.00
				Total of	Section D	\$1,300,000.00

I. MONETARY RECEIPTS (Section A-I)								
NAME OF COMMITTEE					FILING DUE DATE			
Foley For Governor, Inc. Original 10/12/2010								
E. Personal Funds of the Candidate Received this Period								
Date Received	Amount	Method of Payment	Cash	Personal Check	Credit/Debit Card			
	Е							

I. MONETARY RECEIPTS (Section A-I)									
NAME OF COMMITTE	NAME OF COMMITTEE								
Foley For Governor, I	Original 10/12/2010								
	F. Anonymous Contributions								
Date Received \$ 1 bills \$ 5 bills \$ 10 bill coins Amount									

I. Monetary Receipts (Section A-I)										
NAME OF COMMITTEE	FILING DUE DATE									
Foley For Governor, Inc.	Origi	inal 10/12/2010								
G. Interest from Deposits in Authorized Accounts										
Name of Institution		Date Received				Total Amount Received				
Street Address	City		State	Zip Code						
Total of Section G										

I. MONETARY RECEIPTS (Section A-K)										
NAME OF COMMITTEE				FILING DUE DATE						
Foley For Governor, Inc. Original 10/12/2010										
H. Public Grant Funds Received from the Citizen's Election Fund										
Purpose of Grant: Initial Primary General or Special Election	Supplemental/Independe Primary	ent Expenditure General or Special Election	Date Received	Amount						
Supplemental/Post Election Deficit General or Special Election	Supplemental/Excess Ex Primary	spenditure General or Special Election								
			Total of Section	н						

I. MONETARY RECEIPTS (Section A-K)								
NAME OF COMMITTEE				FILI	NG DUE DATE			
Foley For Governor, Inc.	Origi	Original 10/12/2010						
I. Miscellaneous Monetary Receipts not Considered Contributions								
Name		Date of Trans	saction		Amount Received			
Street Address	City	State	Zip Code					
Description	•							
Total of Section I								

	II. FUNDRAISIN	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
COMMITTEE Foley For Governo	or, Inc.				Original 10/12	2/2010
	J1. Fundra	nising Event Information				
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 09/01/2010 A	Cocktail Event	114 West Rd	New C	Canaan	СТ	06840-3013
Was this fundraising event	hosted at a personal residence?	•	X Yes	No	·	
Did this fundraiser include i items donated by an individ	tems donated by a business entity of up to \$100 or ual of up to \$50?		Yes	x No		
Was this fundraiser a tag sal	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 09/09/2010 A	Luncheon Event	1800 E Putnam Ave	Old G	reenwich	СТ	06870-1320
Was this fundraising event	hosted at a personal residence?		Yes	X No	•	
Did this fundraiser include i items donated by an individ	tems donated by a business entity of up to \$100 or ual of up to \$50?		Yes	X No		
Was this fundraiser a tag sal	e, auction, or other sale of donated items?		Yes	x No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
09/10/2010 A	Cocktail Event	85 Lukes Wood Rd	New C	Canaan	СТ	06840-2202
Was this fundraising event	hosted at a personal residence?		X Yes	No		
Did this fundraiser include i items donated by an individ	tems donated by a business entity of up to \$100 or ual of up to \$50?		Yes	X No		
Was this fundraiser a tag sal	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 09/14/2010 A	Party Event	1800 E Putnam Ave	Old G	reenwich	СТ	06870-1320
Was this fundraising event	hosted at a personal residence?		Yes	X No		
Did this fundraiser include i items donated by an individ	tems donated by a business entity of up to \$100 or ual of up to \$50?		Yes	X No		
Was this fundraiser a tag sal	e, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 09/15/2010 B	Luncheon Event	56 W Main St	Mystic	:	СТ	06355-2518
Was this fundraising event	hosted at a personal residence?		Yes	X No		
Did this fundraiser include i items donated by an individ	tems donated by a business entity of up to \$100 or ual of up to \$50?		Yes	X No		
Was this fundraiser a tag sal	e, auction, or other sale of donated items?		Yes	X No		_

	II. FUNDRAISING	G EVENT ACTIVITY				
NAME OF					FILING DUE	DATE
COMMITTEE Foley For Governor	r, Inc.				Original 10/12	2/2010
	J1. Fundra	ising Event Information				
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 09/15/2010 A	Cocktail Event	106 Ella Grasso Tpke	Wind	dsor Locks	СТ	06096-1015
Was this fundraising event ho	osted at a personal residence?		Yes	x No	·	
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 09/22/2010 A	Breakfast Event	50 Vanderbilt Ave	New	York	NY	10017-3803
Was this fundraising event he	osted at a personal residence?		Yes	x No	·	
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 09/23/2010 A	Cocktail Event	20 Segar St	Dant	oury	СТ	06810-6325
Was this fundraising event he	osted at a personal residence?		Yes	x No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	x No		
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address	City		State	Zip Code
09/30/2010 A	Dinner Event	107 Saddle Rock Rd	Stan	nford	СТ	06902-8228
Was this fundraising event ho	osted at a personal residence?		X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	x No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		
Fundraising Event #	Description	Location: Street Address	City		State	Zip Code
Date of Fundraiser Letter 10/03/2010 A	Home Fundraiser	2 Mercia Ln	Gree	enwich	СТ	06830-7068
Was this fundraising event ho	osted at a personal residence?		X Yes	No		
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes	X No		
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes	X No		

	II. FUNDRAISING	G EVENT ACTIVITY						
NAME OF						FILING 1	DUE	DATE
Foley For Governor	r, Inc.					Original 1	10/12	2/2010
	J1. Fundra	nising Event Information						
Fundraising Event #	Description	Location: Street Address		City			State	Zip Code
Date of Fundraiser Letter 10/06/2010 A	Cocktail Event	100 E Main St		Water	bury		СТ	06702-2312
Was this fundraising event he	osted at a personal residence?		Yes		x No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		X No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes		X No			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
10/07/2010 A	Reception Event	995 Prospect Ave		Hartfo	ord		СТ	06105-1101
Was this fundraising event he	osted at a personal residence?		X Yes		No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		X No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes		X No			
Fundraising Event # Date of Fundraiser Letter	Description	Location: Street Address		City			State	Zip Code
10/08/2010 A	Reception Event	Folly Farm 77 Hartford Rd		Simsb	ury		СТ	06070-2506
Was this fundraising event he	osted at a personal residence?		X Yes		No			
Did this fundraiser include ite items donated by an individua	ems donated by a business entity of up to \$100 or al of up to \$50?		Yes		X No			
Was this fundraiser a tag sale	, auction, or other sale of donated items?		Yes		X No			

II. FUNDRAISING EVENT ACTIVITY											
NAME OF COMMITTEE						FILIN	G DUE DATE				
Foley For Governor, Inc. Original											
J2. Proceeds from Tag Sale, Auction, or Other Sale of Donated Items											
Name of the Purchaser Last Name (Individuals ONLY)	First Name	MI	Method of payment: Cash Per	Aggregate Amount of Purchases							
Residential Street Address	City	State	Zip Code	Date Received	Event #						
Items Purchased											
				To	otal of Sec	tion J2					

II. FUNDRAISING EVENT ACTIVITY										
NAME OF COMMITTEE							FILING	G DUE DATE		
Foley For Governor, Inc.							Origin	al 10/12/2010		
J3. In-Ki	nd Donations Not Considered Contribut	ions					,			
Name of the Donor					Donation G		ess Entity	Fair Market Value of Donation		
Street Address	City		State	Zip	Code	Aggregate value for this even				
Description of Donation		Date	Receive	ed	Event #					
						Total of Se	ction J3			

	III.	NO	NMC	ONETARY RECEIPTS					
NAME OF COMMITTEE								FILING	DUE DATE
Foley For Governor, Inc.								Origina	10/12/2010
	K.	In-	Kind (Contributions					
Name Sriubas Andrew							Date Rece 09/10/2		Fair Market Value of this Contribution
Street Address 85 Lukes Wood Rd			City New 0	Canaan	State CT	Zip Code 06840-2202	2		
Type of Contributor: x Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	x	Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		ospective state	tive	Yes No Legislative	
Is this contribution associated with a fundrelisted in Section J1? If yes, list Event# 09102010A	aising event X	Yes No		ecription of In-Kind Contribution od, beverage			Aggregate con	\$900.00	\$900.00
Name Sriubas Andrew							Date Rece 09/10/2		Fair Market Value of this Contribution
Street Address 85 Lukes Wood Rd			City New (Canaan	State CT	Zip Code 06840-2202	2		
Type of Contributor: x Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	x	Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:		ospective state	tive	Yes No Legislative	
Is this contribution associated with a fundr listed in Section J17 If yes, list Event# 09102010A	aising event X	Yes No		ecription of In-Kind Contribution od, beverage			Aggregate con	\$854.23	\$854.23
Name Chrust Steven							Date Rece 09/30/2		Fair Market Value of this Contribution
Street Address 107 Saddle Rock Rd			City	ford	State CT	Zip Code 06902-8228	3		
Type of Contributor: x Individual Committee	Is Contributor a lobbyist, spouse, or dependent child of a lobbyist?	х	Yes No	Is contributor a principal of a state contractor? If yes, indicate which branch or branches government the contract is with:	•	ospective state	x tive	Yes No Legislative	
Is this contribution associated with a fundr listed in Section J1? If yes, list Event# 09302010A	aising event x	Yes		cription of In-Kind Contribution			Aggregate con	ntributions	\$446.82

III. NONMONETARY RECEIPTS										
NAME OF COMMITTEE						FILING I	DUE DATE			
Foley For Governor, Inc.						Original	10/12/2010			
K. In-Kind Contributions										
Name Chrust Steven					Date Receive	-	Fair Market Value of this Contribution			
Street Address 107 Saddle Rock Rd	City	mford	State CT	Zip Code 06902-8228						
Type of Contributor: Is Contributor a lobbyist, spouse, or dependent child of a lobbyist? Committee	Yes No	contractor?	•	Executive	x	Yes No egislative				
Is this contribution associated with a fundraising event listed in Section J1? If yes, list Event# 09302010A	es	Description of In-Kind Contribution food, beverage			Aggregate contri	ibutions 3,500.00	\$3,500.00			
					Total of	Section K	\$5,701.05			

III. Non Monetary Receipts											
NAME OF COMMITTEE	FIL	LING DUE DATE									
Foley For Governor, Inc.							Ori	iginal 10/12/2010			
L. Refundable Deposit to Telephone Company											
Last Name (Individuals Only)	First Name		MI	MI Date Received			Amount of Deposit				
Street Address	City		State	Zip Code							
Name of Telephone company											
Street Address											
Total of Section L											

III. NONMONETARY RECEIPTS											
NAME OF COMMITTEE				FILING DUE DATE							
Foley For Governor, Inc.											
M. Non-Monetary Receipts of Organization Expenditures Made By Legislative Leadership, Legislative Caucus, and Party Committee											
Name of Committee Bristol Republican Town Committee Name of Treasurer Dina M. Mazzone											
Street Address PO Box 1893		Date Notice Received 09/03/2010									
City Bristol	State CT	Zip Code 06011-1893	Aggregate Donations \$107.14								
Description of Donation phone banking		Purpose of Expenditure A B	C D D	E \$107.14							
Name of Committee Goshen Republican Town Committee		Name of Treasurer Anders A. Nygren									
Street Address PO Box 219			Date Notice Received 09/22/2010	Fair Market Value of Donation							
City Goshen	State CT	Zip Code 06756	Aggregate Donations \$67.85								
Description of Donation booth display		Purpose of Expenditure X A B	C D D	Е \$67.85							
			Total of Section	М \$174.99							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee SSG Media, Inc.				Date of Payment 09/03/2010	Method of Pay	ment	Amount
Street Address 2120 L St NW Ste 510	City Washington	State DC	Zip Code 20037-1534	Purpose of Expenditure A-OTH	X Debit Car	rd	
Description Advertising & Promotion - Inv #10M-074 S	Sept 8-14 Media Buy				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$223,750.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank		Ι		09/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.1	
3A Pickwick Plz	Greenwich	СТ	06830	BNK		u	
Description Incoming Wire Fee					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$15.00
Name of Payee JP Morgan Chase Bank				Date of Payment 09/03/2010	Method of Pay	ment	Amount
_	C't-	a	7: 0 1		Check #		
Street Address 3A Pickwick Plz	City Greenwich	State CT	Zip Code 06830	Purpose of Expenditure BNK	X Debit Car	·d	
Description	oreenwich	<u>. </u>	1	Ī,	Event #		
Outgoing Wire Fee / SSG Media							
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	or Other Candidate(s) N	lame		Office Sought			\$25.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				09/03/2010	Check #		
Street Address	City	State	Zip Code 06830	Purpose of Expenditure	X Debit Car	rd	
3A Pickwick Plz	Greenwich	СТ	06830	BNK	 	·u	
Description Incoming Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$15.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				09/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	rd	
Description Outgoing Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$25.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Target				09/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
21 Broad St	Stamford	СТ	06901-2309	OFFICE	X Debit Car	rd	
Description					Event #		
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$6.19
LITE No.							i

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
INT*Intermedia.net				09/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD	 	·u	
Description Computer Network Service Fees					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$10.76
Name of Payee				Date of Payment	Method of Pay	ment	Amount
INT*Intermedia.net				09/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD	X Debit Car	rd	
Description					Event #		
Computer Network Service Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$10.76
Name of Payee				Date of Payment	Method of Pay	ment	Amount
INT*Intermedia.net			_	09/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD	X Debit Car	rd	
Description					Event #		
Computer Network Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$10.76

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Katie's Gourmet				Date of Payment 09/03/2010	Method of Pay	ment	Amount
Street Address 29 Bank St	City Stamford	State CT	Zip Code 06901-3024	Purpose of Expenditure	X Debit Car	·d	
Description Meals		Į.	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$260.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Dunkin Donuts				09/03/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
41 S Main St	West Hartford	СТ	06107-2448	FOOD	X Debit Car	d .	
Description Coffee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$13.99
Name of Payee				Date of Payment 09/03/2010	Method of Pay	ment	Amount
Town of West Hartford	a:	L			Check #		
Street Address	City	State CT	Zip Code 06107-2204	Purpose of Expenditure TRVL	X Debit Car	·d	
20 Isham Rd Description	West Hartford	<u> </u>	00107-2204	I I I V L	Event #		
Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$3.00
I I A I No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
United States Post Office				09/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
Ridgeway Station	Stamford	СТ		POST	X Debit Car	d	
Description					Event #		
Mail							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$10.60
N. CD				Data of Danisa	Method of Pay	4	A4
Name of Payee				Date of Payment		nent	Amount
United States Post Office		Π	<u> </u>	09/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
Ridgeway Station	Stamford	СТ		POST	_	d	
Description Mail					Event #		
Mail							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	1		
which reimbursement is sought? Yes							
X No							\$132.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford			_	09/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d	
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes							\$3.75
X No							1

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee CVS		Γ	1	Date of Payment 09/07/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	vd.	
150 S Main St	West Hartford	СТ	06107-3432	OFFICE		u	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$7.37
X No				<u> </u>	ı		\$7.37
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Matthew Joiner				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2020</u>		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	TRVL	Debit Car	d d	
Description				•	Event #		
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$195.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Matthew Joiner				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2019</u>		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	WAGE	Debit Car	'd	
Description Intern Stipend Week of 8/22/10 & 8/29/10	0				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$420.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Matthew Joiner Street Address 150 Oxoboxo Dam Rd Description Vehicle Miles	City Oakdale	State CT	Zip Code 06370-1267	Date of Payment 09/07/2010 Purpose of Expenditure RCW	Method of Payr X Check # 2020 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$195.00
Name of Payee Axiom Strategies				Date of Payment 09/07/2010	Method of Payr	ment	Amount
Street Address 1251 NW Briarcliff Pkwy Ste 85	City Kansas City	State MO	Zip Code 64116-1780	Purpose of Expenditure Misc *	2075 Debit Car	d	
Description Inv#1202 Sept Consulting,Yard Signs,Trav	vel,Hotel		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$31,270.99
Name of Payee Networking CT				Date of Payment 09/07/2010	Method of Payi	ment	Amount
Street Address 140 Yutaka Trl	City Shelton	State CT	Zip Code 06484-4972	Purpose of Expenditure A-OTH	2044 Debit Car	ď	
Description Advertising & Promotion - Foley Table at the	he Meetup Group				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$50.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Michael Roberts				Date of Payment 09/07/2010	Method of Pays	ment	Amount
Street Address 618 Belden Hall	City Storrs	State CT	Zip Code 06269-6905	Purpose of Expenditure WAGE	2021 Debit Car	rd	
Description Payroll Expenses - Intern Stipend for 8/27	/10 & Week of 8/30/10	•	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$300.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
New England Southport Village Committee				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2027</u>		
Norwalk Seaport Association, Inc. 132 Wa	Norwalk	СТ	06854	A-OTH	Debit Car	rd	
Description			-	•	Event #		
Advertising & Promotion - Norwalk Oyster	Festival - Insurance for Foley booth 9/	10-9/:	12				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$57.60
X No				1	1		Ţ37.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
West Hartford Public Works		,		09/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
17 Brixton Rd	West Hartford	СТ	06110-1501	TRVL	X Debit Car	rd	
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$40.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Franklin Giant Sandwich Shop				Date of Payment 09/07/2010	Method of Pay	ment	Amount
	g:		l		Check #		
Street Address 464 Franklin Ave	City Hartford	State	Zip Code 06114-2908	Purpose of Expenditure FOOD	X Debit Car	·d	
Description	nartioru	<u> </u>	00114 2300	1005	Event #		
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	Jame		Office Sought			
Yes X No							\$22.10
Name of Payee				Date of Payment	Method of Pays	ment	Amount
AT&T				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2028</u>		
208 S Akard St	Dallas	TX	75202-4206	OVHD	Debit Car	rd	
Description			•		Event #		
Telephone Expense - Acct #860-570-4894	4-573 Billing Date 8/23/10						
Is this expenditure coordinated with another candidate for	or Other Candidate(s) N	lame		Office Sought			
which reimbursement is sought? Yes							
X No							\$1,386.15
Name of Payee				Date of Payment	Method of Pay	ment	Amount
WashingtonBancard				09/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
2200 S Dixie Hwy	Miami	FL	33133-2300	OVHD	X Debit Car	d	
Description					Event #		
Credit Card Processing Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
x No							\$70.46

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N E D-: 1 D C:	44					
	N. Expenses Paid By Commi	пее			1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
WashingtonBancard				09/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
2200 S Dixie Hwy	Miami	FL	33133-2300	BNK	X Debit Car	rd	
Description			•	-	Event #		
Bank Serivice Charges							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$70.46
X No					1		
Name of Payee				Date of Payment	Method of Payi	ment	Amount
Transatlantic 1 LLC	.	1	1	09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2033		
89 Chestnut Hill Rd	Wilton	СТ	06897-4606	OVHD	Debit Car	d	
Description	den Tele Neuwiek Con Benko Ukilikien				Event #		
Rent Expense - Inv#1038, 505-507 N Lon	don Tpk,Norwich Sep Rent&Utilities						
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought	<u> </u>		
which reimbursement is sought?	omer cundidate(s)			omee gough			
Yes X No							\$1,251.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Aristotle				09/07/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
205 Pennsylvania Ave SE	Washington	DC	20003-1164	OVHD	X Debit Car	rd	
Description					Event #		
Campaign Database Software Fees							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought	!		
which reimbursement is sought? Yes	(*)			3 .			
X No							\$7,000.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Fedex Kinko's				Date of Payment 09/07/2010	Method of Pays	ment	Amount
Street Address 48 W Putnam Ave	City Greenwich	State CT	Zip Code 06830-5331	Purpose of Expenditure OFFICE	X Debit Car	⁻ d	
Description Office Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$20.96
Name of Payee Fedex Kinko's				Date of Payment 09/07/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
48 W Putnam Ave	Greenwich	СТ	06830-5331	OFFICE	X Debit Car	d	
Description Office Services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$29.62
No No					1		
Name of Payee Fedex Kinko's				Date of Payment 09/07/2010	Method of Pays Check #	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure			
48 W Putnam Ave	Greenwich	СТ	06830-5331	OFFICE	X Debit Car	d	
Description Office Services			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	!		
x No							\$20.96

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Len Greene				Date of Payment 09/07/2010	Method of Payr	ment	Amount
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure	2016 Debit Car	·d	
Description Vehicle Miles		-	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$144.50
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Tarrance Group	<u> </u>			09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2086		
201 N Union St	Alexandria	VA	22314-2642	POLLS	Debit Car	d	
Description Professional Fees - Inv#8545 Survey#126	49 Aug 29-31, 2010				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$19,457.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
West Park - Stamford LLC		l		09/07/2010	X Check #		
Street Address 108 Prospect St	City Stamford	State CT	Zip Code 06901-1202	Purpose of Expenditure OVHD	2036 Debit Car	·d	
Description Rent Expense - Stamford Office Rent for S		<u> </u>	1	15.11.5	Event#		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$2,862.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee TVEyes Inc.				Date of Payment 09/07/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2092</u>		
2150 Post Rd	Fairfield	СТ	06824-5669	WEB	Debit Car	ď	
Description Computer & Internet Expenses - Inv#201	0-X7689 Media Monitoring Suite 9/1/10)-9/30	/10		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$300.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Syrek				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2014		
20 Summer St Ste 200	Stamford	CT	06901-2304	RCW	Debit Car	ď	
Description			<u> </u>	1	Event #		
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$830.80
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Ben Hartman	T	1	T	09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2015		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	d	
Description Vehicle Miles					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$667.93
1 L_1 1NO							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Schuyler Merritt Street Address 20 Summer St Ste 200 Description	City Stamford	State CT	Zip Code 06901-2304	Date of Payment 09/07/2010 Purpose of Expenditure RCW	Method of Payr X Check # 2013 Debit Car Event #		Amount
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$634.51
Name of Payee Justin R Clark				Date of Payment 09/07/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2023</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	d d	
Description Vehicle Miles			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$422.00
Name of Payee Sunghi P Frauen				Date of Payment 09/07/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2024</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	d	
Description Call Plan					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$146.05

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Sunghi P Frauen			ı	Date of Payment 09/07/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	2024 Debit Car	rd.	
20 Summer St Ste 200	Stamford	СТ	06901-2304	Misc *		u	
Description Telephone Expense - Verizon Call Plan					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$146.05
X No				T	1		\$140.03
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Justin R Clark				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2023</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	·d	
Description	•	-	•		Event #		
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	ame		Office Sought	I		
Yes X No							\$422.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Schuyler Merritt				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2013</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	d	
Description Vehicle Miles, Parking, Meals, Gas					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$634.51

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Chris Syrek	City	Ct-t-	Zin Code	Date of Payment 09/07/2010	Method of Pays X Check # 2014	ment	Amount
Street Address 20 Summer St Ste 200	Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure TRVL	Debit Car	d d	
Description Vehicle Miles, Cell Phone, Parking, Meals	Stamoru	<u> </u>	00301 2301	J.KVZ	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$830.80
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ben Hartman				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2015		
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	·d	
Description	1		!		Event #		
Vehicle Miles, Cell Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$667.93
X No				<u> </u>	1		φοσ,:33
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Len Greene	T	1	T	09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2016</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	d .	
Description Vehicle Miles, Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$144.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee SWC Office Furniture				Date of Payment 09/07/2010	Method of Payr	ment	Amount
Street Address 375 Fairfield Ave	City Stamford	State CT	Zip Code 06902-7220	Purpose of Expenditure	2034 Debit Car	d	
Description Rent Expense - Inv#SWC67814, #SWC67	176		•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$1,113.00
Name of Payee Date of Payment					Method of Payment		Amount
Cablevision of Connecticut	C'.	L	<u></u>	09/07/2010	Check #		
Street Address PO Box 9256	City Chelsea	State MA	Zip Code 02150-9256	Purpose of Expenditure OVHD	X Debit Car	ď	
Description Cable TV Bill	Cheroca	<u> </u>			Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$243.00
X No					1		Ψ2.5.55
Name of Payee				Date of Payment 09/07/2010	Method of Payı	ment	Amount
Comcast	City.	a	7: 6.1		X Check # 2029		
Street Address PO Box 1577	City Newark	State NJ	Zip Code 07101-1577	Purpose of Expenditure WEB	Debit Car	d	
Description Computer & Internet Expenses - Acct 877:		7/10			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$339.39
X No							\$33,55

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Courtney Weaver Street Address	City	State	Zip Code	Date of Payment 09/07/2010 Purpose of Expenditure	Method of Payer X Check # 2012		Amount
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	ď	
Description Vehicle Miles					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$808.26
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Bandecchi				09/07/2010	X Check #		
	City	State	Zip Code	Purpose of Expenditure	2022		
Street Address 20 Summer St Fl 2	Stamford	CT	06901-2304	RCW	Debit Car	·d	
Description	Jeannord			1	Event #		
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$164.73
Name of Payee				Date of Payment	Method of Pay	ment	Amount
John L Whitney		<u> </u>		09/07/2010	X Check #		
Street Address	City	State	Zip Code 06901-2304	Purpose of Expenditure	2017 Debit Car	vd.	
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW		u	
Description Vehicle Miles					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$38.50
No No							i e

IV. EXPENDITURES							
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Thomas Daffron				Date of Payment 09/07/2010	Method of Pays	ment	Amount
Street Address PO Box 31	City Shady Side	State MD	Zip Code 20764-0031	Purpose of Expenditure CNSLT	2049 Debit Car	rd	
Description Professional Fees - Aug 2010 Consulting	Silady Side	<u> </u>	20701 0031	jenozi	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$2,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Covucci				09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2018		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	^r d	
Description Vehicle Miles			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$896.35
X No				<u> </u>	1		φοσοίου
Name of Payee John L Whitney				Date of Payment 09/07/2010	Method of Pay	ment	Amount
·	C:t	G	7. 0.1	Purpose of Expenditure	X Check # 2017		
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304	TRVL	Debit Car	·d	
Description			1	1	Event #		
Vehicle Miles							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$38.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Chris Covucci	City	Ct-t-	Zin Codo	Date of Payment 09/07/2010	Method of Pays X Check # 2018	ment	Amount
Street Address 20 Summer St Fl 2	Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure TRVL	Debit Car	·d	
Description Vehicle Miles, Parking, Events	Stamora	<u> </u>			Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$896.35
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Courtney Weaver	<u> </u>		ı	09/07/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2012</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	TRVL	Debit Car	·d	
Description Vehicle Miles, Parking, Meals, Events					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$808.26
Name of Payee Chris Bandecchi				Date of Payment 09/07/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2022</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	Misc *	Debit Car	rd	
Description Telephone Expense - Vehicle Miles, Verizo	n Aircard		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$164.73

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Verizon Wireless				Date of Payment 09/08/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 2031		
PO Box 15062	Albany	NY	12212-5062	OVHD	Debit Car	d	
Description Telephone Expense - Inv#899 VOIP Lease	,Setup& Progam,Minutes used		•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$60.07
X No					1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
ADP EasyPay Boston 2				09/08/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 2nd Ave	Waltham	MA	02451-1122	OVHD	X Debit Car	d	
Description Payroll Expenses - Payroll Fees					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$116.13
Name of Payee				Date of Payment	Method of Payı	ment	Amount
ADP EasyPay Boston 2			1	09/08/2010	Check #		
Street Address 225 2nd Ave		State MA	Zip Code 02451-1122	Purpose of Expenditure OVHD	X Debit Car	ď	
Description			+		Event #		
Payroll Fees							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$116.13

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Red October Productions				Date of Payment 09/08/2010	Method of Payr	ment	Amount
Street Address 2120 L St NW	City Washington	State DC	Zip Code 20037-1527	Purpose of Expenditure A-TV	2048 Debit Car	d	
Description Advertising & Promotion - Inv#2010172A,	180A,194A,188A,180B,197A,198B		1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$48,205.64
Name of Payee Date of Payment					Method of Payment		Amount
Redmen's Hall		<u> </u>		09/08/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2041		
17 E Elm St	Greenwich	СТ	06830-6518	Misc *	Debit Car	a	
Description Rent Expense - Inv#899 VOIP Lease, Setu	p& Progam,Minutes used				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$200.00
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Tony Scarnati		I		09/08/2010	X Check #		
Street Address 43 Vernon Pkwy	City Mount Vernon	State NY	Zip Code 10552-1224	Purpose of Expenditure Misc *	2042 Debit Car	d	
Description Repairs & Maintenance - 9-9-10 Greenwick			1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			4100.00
X No							\$100.00

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee Front Porch Strategies Street Address 243 N 5th St Ste 330	City Columbus	State OH	Zip Code 43215-2676	Date of Payment 09/08/2010 Purpose of Expenditure A-OTH	Method of Payr X Check # 2032 Debit Car		Amount
Description Advertising & Promotion - Inv#899 VOIP L	ease,Setup& Progam,Minutes used				Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No							\$6,491.74
Name of Payee Date of Payment				Date of Payment 09/09/2010	Method of Pays	ment	Amount
CampaignGrid Street Address 223 Summit Ave	City Fort Washington	State PA	Zip Code 19034-1525	Purpose of Expenditure A-OTH	2056 Debit Car	d	
Description Advertising & Promotion					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$50,000.00
Name of Payee Angela Delucia				Date of Payment 09/09/2010	Method of Pays	ment	Amount
Street Address 88 Clapboard Ridge Rd	City Danbury	State CT	Zip Code 06811-3643	Purpose of Expenditure OVHD	2043 Debit Car	d	
Description Rent Expense - 56 Padanarum Rd,Danbury	/ - Sept&Oct 2010 Rent				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$1,000.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Aristotle				Date of Payment 09/09/2010	Method of Pay	ment	Amount
	C.				Check #		
Street Address 205 Pennsylvania Ave SE	City Washington	State	Zip Code 20003-1164	Purpose of Expenditure Misc *	X Debit Car	rd	
Description Description	washington	-	20000 110		Event #		
Professional Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$7,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
City of Stamford, Cashiering & Permitting	Division			09/09/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
888 Washington Blvd Fl 1	Stamford	СТ	06901-2902	TRVL	X Debit Car	d	
Description					Event #		
Parking Permit							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	Jame		Office Sought			
which reimbursement is sought? Yes							
X No							\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Shawn Takatsu				09/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2045		
45 Beth Dr	Fairfield	СТ	06825-2701	OVHD	Debit Car	'd	
Description					Event #		
Computer & Internet Expenses, Reconfigu	red and Validated Backup						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$60.00
X No							φου.υυ

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Party City				09/10/2010	Check #		
Street Address 192 Kitts Ln	City Newington	State CT	Zip Code 06111-4250	Purpose of Expenditure Misc *	X Debit Car	·d	
Description	Newnigton	<u> </u>	00111 1230	1 1130	Event #		
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$80.98
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
2550 Albany Ave	West Hartford	СТ	06117-2301	OFFICE	X Debit Car	d	
Description					Event #		
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$80.54
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
2550 Albany Ave	West Hartford	СТ	06117-2301	OFFICE	X Debit Car	d .	
Description					Event #		
Supplies							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$134.59
No No							ı

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Torey Shepardson				Date of Payment 09/10/2010	Method of Paye	ment	Amount
Street Address 49 Westmont St	City West Hartford	State CT	Zip Code 06117-2928	Purpose of Expenditure	2040 Debit Car	rd	
Description Payroll Expenses - Intern Stipend for 8/27	, Week of 8/30/10&9/6/10				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$528.00
Name of Payee Date of Paymen				Date of Payment 09/10/2010	Method of Payment Check #		Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
326 N Main St	West Hartford	СТ	06117-2510	OVHD	X Debit Car	d	
Description Cell Phone					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought	•		
X No							\$53.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
T Mobile	as:	l		09/10/2010	Check #		
Street Address 326 N Main St	City West Hartford	State CT	Zip Code 06117-2510	Purpose of Expenditure OVHD	X Debit Car	·d	
Description Cell Phone					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$53.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
T Mobile				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
326 N Main St	West Hartford	СТ	06117-2510	OVHD	X Debit Car	d	
Description					Event #		
Cell Phone							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$53.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
T Mobile				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
326 N Main St	West Hartford	СТ	06117-2510	OVHD	X Debit Car	d	
Description			•		Event #		
Cell Phone							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	ame		Office Sought	-		
which reimbursement is sought? Yes							\$148.37
X No							\$148.37
Name of Payee				Date of Payment	Method of Payı	ment	Amount
T Mobile				09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
326 N Main St	West Hartford	СТ	06117-2510	OVHD	X Debit Car	d	
Description					Event #		
Cell Phone							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$53.00
No No							i e

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount
T Mobile	T			09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.1	
326 N Main St	West Hartford	СТ	06117-2510	OVHD	 	d	
Description Cell Phone					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$106.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
T Mobile	1			09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
326 N Main St	West Hartford	СТ	06117-2510	OVHD	X Debit Car	d	
Description Cell Phone					Event #		
6							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$106.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Emily Duus				09/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2037</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE	Debit Car	d	
Description					Event #		
Payroll Expenses - Intern Stipend Week of	⁻ 9/6/10						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$250.00
X No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee Grand Rental Station				Date of Payment 09/10/2010	Method of Payr	ment	Amount
Street Address 246 Terryville Rd	City Bristol	State CT	Zip Code 06010-4012	Purpose of Expenditure OVHD	X Debit Car	rd	
Description Rental Fees		ı	!		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$83.21
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Michael Roberts	T		T	09/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2039</u>		
618 Belden Hall	Storrs	СТ	06269-6905	WAGE	Debit Car	rd	
Description Payroll Expenses - Intern Stipend Week of	· 9/6/10				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$250.00
X No				T	1		\$250.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Matthew Joiner	T	Π		09/10/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2038 Debit Car	vd.	
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	WAGE		u	
Description Payroll Expenses - Intern Stipend Week of	9/6/10				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$210.00
I LOUINO							

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				-	
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Town of West Hartford			_	09/10/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d	
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$7.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford				09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d	
Description			•		Event #		
Parking							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	•		
which reimbursement is sought? Yes							
X No							\$6.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford				09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d	
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$7.00
X No							→ 7.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee CVS				Date of Payment 09/13/2010	Method of Pays	ment	Amount
Street Address 150 S Main St	City West Hartford	State CT	Zip Code 06107-3432	Purpose of Expenditure OFFICE	X Debit Car	^r d	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Iame		Office Sought			\$25.73
Name of Payee Premier Graphics				Date of Payment 09/13/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check #		
860 Honeyspot Rd	Stratford	CT	06615-7159	PRNT	Debit Car	·d	
Description			ļ	!	Event #		
Printing and Reproduction - Intern Stipeno	for 8/27, Week of 8/30/10&9/6/10						
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,858.00
x No				T	1		\$1,030.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Handmaid Design & Graphics			<u> </u>	09/13/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2091</u>		
PO Box 142	Hanover	СТ	06350-0142	PRNT	Debit Car	d	
Description Printing and Reproduction - Inv#159,#194	4,#228.96				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$581.96

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
N. Expenses Paid By Committee							
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Demers Exposition SVS Inc.				09/13/2010	Check #		
Street Address 180 Johnson St	City Middletown	State CT	Zip Code 06457-2247	Purpose of Expenditure Misc *	X Debit Car	·d	
Description	1		-	1	Event #		
Expo Service Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$102.82
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Starbucks				09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
96 Broad St	Stamford	СТ	06901-2312	FOOD	X Debit Car	d	
Description					Event #		
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought			
Yes X No							\$9.33
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Starbucks				09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
96 Broad St	Stamford	СТ	06901-2312	FOOD	X Debit Car	^r d	
Description					Event #		
Coffee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			\$4.88
X No							J #7.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Clarks Hill Sunoco				09/13/2010	Check #		
Street Address 765 E Main St	City Stamford	State CT	Zip Code 06902-3833	Purpose of Expenditure TRVL	X Debit Car	ď	
Description	Stalliold	<u> </u>	00302 3033	IIIVE	Event #		
Gas					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$43.15
Name of Payee Date of Payment					Method of Payment		Amount
Cosi	<u> </u>		T	09/13/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
970 Farmington Ave	West Hartford	СТ	06107-2139	FOOD	X Debit Car	d	
Description Meal					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$19.99
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank			_	09/14/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	V Dura		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	ď	
Description Outgoing Domestic Wire Fe					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought	•		
Yes X No							\$25.00

IV. EXPENDITURES							
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee SSG Media, Inc.				Date of Payment 09/14/2010	Method of Pay	ment	Amount
Street Address 2120 L St NW Ste 510	City Washington	State DC	Zip Code 20037-1534	Purpose of Expenditure A-OTH	X Debit Car	rd	
Description Advertising & Promotion - Inv #10M-075 S	Sept 15-21 Media Buy-Partial		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$150,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Stevens & Schriefer Group				09/14/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2054</u>		
2120 L St NW Ste 510	Washington	DC	20037-1534	TRVL	Debit Car	rd	
Description Inv#Foley17					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,030.65
X No				I	1		\$1,030.03
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Starbucks				09/14/2010	Check #		
Street Address	City	State CT	Zip Code 06901-2312	Purpose of Expenditure FOOD	X Debit Car	rd	
96 Broad St Description	Stamford	<u> </u>	00901-2312	1 300	Event#		
Coffee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$40.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee AT Conference				Date of Payment 09/15/2010	Method of Pay	ment	Amount
Street Address PO Box 2939	City Southampton	State NY	Zip Code 11969-2939	Purpose of Expenditure OVHD	X Debit Car	rd	
Description Conference Call Fee			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) !	Name		Office Sought			\$583.75
X No					1		
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Ben And Jerry's			,	09/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
5 S Main St	West Hartford	СТ	06107-2407	FOOD	X Debit Car	rd	
Description Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) !	Vame		Office Sought			
X No							\$5.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Buffalo Wild Wings	Τ	1	1	09/15/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
208 Summer St	Stamford	СТ	06901	FOOD	X Debit Car	rd	ļ
Description Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	Vame		Office Sought			
X No							\$29.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Aristotle				Date of Payment 09/16/2010	Method of Pays	ment	Amount
Street Address 205 Pennsylvania Ave SE	City Washington	State DC	Zip Code 20003-1164	Purpose of Expenditure Misc *	X Debit Car	rd	
Description Professional Fees - Ref #14980 Invoice 06	50834835 #2		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	Jame		Office Sought			\$7,000.00
Name of Payee Red October Productions Date of Payment 09/16/2010				Method of Paye	ment	Amount	
Street Address 2120 L St NW	City Washington	State DC	Zip Code 20037-1527	Purpose of Expenditure A-TV	2069 Debit Car	rd	
Description Advertising & Promotion - Inv#2010 226A					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$26,363.76
Name of Payee Stamps.com				Date of Payment 09/16/2010	Method of Pays	ment	Amount
Street Address 12959 Coral Tree Pl	City Los Angeles	State CA	Zip Code 90066-7020	Purpose of Expenditure POST	X Debit Car	rd	
Description Stamps					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes X No	r Other Candidate(s) N	Jame		Office Sought			\$15.99

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee Luna Pizza				Date of Payment 09/16/2010	Method of Pay	ment	Amount
Street Address 999 Farmington Ave	City Hartford	State CT	Zip Code 06107-2103	Purpose of Expenditure	X Debit Car	rd	
Description Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$21.41
Name of Payee Date				Date of Payment 09/16/2010	Method of Pay	ment	Amount
Town of West Hartford Street Address	City	State	Zip Code	Purpose of Expenditure	Check #		
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	rd	
Description Parking			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$7.00
Name of Payee Town of West Hartford				Date of Payment 09/16/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	Check "		
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	rd	
Description Parking		Į.	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$2.25

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
N. Expenses Paid By Committee							
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford				09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	-	d	
Description Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$7.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford			_	09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d	
Description Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$3.75
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Luna Pizza			_	09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
999 Farmington Ave	Hartford	СТ	06107-2103	FOOD	X Debit Car	d	
Description					Event #		
Meal							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	iame		Office Sought			
X No							\$67.79

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee Matthew Joiner				Date of Payment 09/17/2010	Method of Payr	ment	Amount
Street Address 150 Oxoboxo Dam Rd	City Oakdale	State CT	Zip Code 06370-1267	Purpose of Expenditure WAGE	2050 Debit Car	·d	
					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$210.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Michael Roberts				09/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2052</u>		
618 Belden Hall	Storrs	СТ	06269-6905	WAGE	Debit Car	rd	
Description Payroll Expenses - Intern Stipend Week of	9/13/10		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$250.00
				Date of Payment	Method of Pay	mant	Amount
Name of Payee Gyro Palace				09/17/2010	Check #	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure			
7 S Main St	West Hartford	СТ	06107-2447	FOOD	X Debit Car	rd	
Description Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$23.30
No No							i

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee RNL LLC				Date of Payment 09/17/2010	Method of Pays	ment	Amount
Street Address 40 Pleasant Dr	City Southbury	State CT	Zip Code 06488-3231	Purpose of Expenditure OVHD	2055 Debit Car	rd	
Description Rent Expense - Sept 17-Oct 17 Rent + \$5	00 Security Deposit - Lease ends 11/17	7/10	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,400.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Emily Duus		Ι	1	09/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2051		
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE	Debit Car	rd .	
Description Payroll Expenses - Intern Stipend Week of	9/13/10				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Peerless Insurance		Ι		09/17/2010	Check #		
Street Address c/o Dan Brennan 184 Bedford St	City Stamford	State CT	Zip Code 06901	Purpose of Expenditure OVHD	X Debit Car	·d	
Description Insurance Expense - Office Ins: Quarterly		0	!		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$238.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Peerless Insurance				09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	-d	
c/o Dan Brennan 184 Bedford St	Stamford	СТ	06901	OVHD	 	·u	
Description Insurance					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$238.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Aristotle			_	09/17/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
205 Pennsylvania Ave SE	Washington	DC	20003-1164	OVHD	X Debit Car	rd	
Description Campaign database Software Fee					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	l		
X No							\$7,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Torey Shepardson				09/17/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2053</u>		
49 Westmont St	West Hartford	СТ	06117-2928	WAGE	Debit Car	rd	
Description Payroll Expenses - Intern Stipend Week of	9/13/10				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$240.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Diane L. Browne Catering				Date of Payment 09/20/2010	Method of Payr	ment	Amount
Street Address 865 Post Rd	City Darien	State CT	Zip Code 06820-4603	Purpose of Expenditure	2088 Debit Car	ď	
Description Meals, Entertainment - 8/17/10 Invoice - 8	8/12/10 Foley Event		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$1,266.70
Name of Payee				Date of Payment 09/20/2010	Method of Pays	ment	Amount
Best Buy	City	g	7: 0.1		Check #		
Street Address 1501 New Britain Ave	City West Hartford	State CT	Zip Code 06110-1659	Purpose of Expenditure OFFICE	X Debit Car	d	
Description Supplies	West Hartord	ļ-`	1	12.1.2.2	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$63.59
X No				T	1		403.33
Name of Payee Subway				Date of Payment 09/20/2010	Method of Paya	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure			
116 Broad St	Stamford	СТ	06901-2702	FOOD	X Debit Car	d	
Description Meal					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$6.89

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				1	
	- To Emperate 1 and E y Commis			T	1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
INT*Intermedia.net				09/20/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
150 Mathilda Pl Ste 104	Sunnyvale	CA	94086-6010	OVHD	X Debit Car	·d	
Description			•	•	Event #		
Intermedia Fees							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	ame		Office Sought			
Yes X No							\$4.78
X No				<u> </u>	1		
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Exxon Mobile				09/20/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
1139 Post Rd	Fairfield	СТ	06824-6074	TRVL	X Debit Car	d	
Description					Event #		
Gas							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$44.71
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Dean Pagani				09/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2065		
309 Holland Ln Ste 226		VA	22314-6104	RCW	Debit Car	^r d	
Description			•	•	Event #		
Vehicle Miles, Travel							
					<u> </u>		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	other Candidate(s) N	ame		Office Sought			
Yes							\$832.50
X No							

Dean Pagani Dean Pagani City State Street Address City State Street Address City State Street Address City State Street Address City State Street Address City State Street Address City State Street Address City State S								
No. Expenses Paid By Committee No. Expenses Paid By Committee		IV. EXPENDITURES	S					
Name of Payce Date of Payment Date of Payment Date of Payment Anno O9/20/2010 X Check # 2085 Description Description Anno Office Sought State City State Call	NAME OF COMMITTEE						FILI	NG DUE DATE
Name of Payee Date of Payment Date of Payment Date of Payment Date of Payment Date of Payment Date of Payment O9/20/2010 Clock # 2085 Date of Payment Dat	Foley For Governor, Inc.						Origi	nal 10/12/2010
Dean Pagani Street Address City Alexandria VA State Zip Code Purpose of Expenditure Description Parking, Acela State sependiture coordinated with another candidate for which reimbursement is sought? Street Address City State City State City City City City City City City City		N. Expenses Paid By Commi	ttee					
Street Address City State Zip Code Purpose of Expenditure 2065 Debit Card	,					l	ment	Amount
309 Holland Ln Ste 226 Alexandria VA 22314-6104 TRVL Debit Card Event # Event # Street Address Date of Payee Street Address Name of Payee Street Address Name of Payee Date of Payment Office Sought Wethod of Payment Office Sought Amo Office Sought Wethod of Payment Og/20/2010 Event # Date of Payment Og/20/2010 Event # Debit Card Does ription Office Sought Wethod of Payment Og/20/2010 Event # Debit Card Description Office Sought Wethod of Payment Og/20/2010 Event # Debit Card Description Other Candidate(s) Name Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Date of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Amo Justin R Clark Street Address City State Zip Code Purpose of Expenditure Office Sought Wethod of Payment Amo Og/20/2010 X Check # 2062	Dean Pagani	1		I	09/20/2010	1		
Description Parking, Acela State Supenditure coordinated with another candidate for which reimbursement is sought? Yes Street Address City State CT Other Candidate(s) Name Office Sought Method of Payment Opy20/2010 Cteck # Street Address Office Sought Opy20/2010 Cteck # Street Address Office Sought Opy20/2010 Cteck # Street Address Office Sought Opy20/2010 Cteck # Street Address Office Sought Opy20/2010 Description Opy20/2010 Description Other Candidate(s) Name Office Sought Opy20/2010 Description Other Candidate(s) Name Office Sought Opy20/2010 Description Other Candidate(s) Name Office Sought Opy20/2010 Description Other Candidate(s) Name Office Sought Opy20/2010 Description Other Candidate(s) Name Office Sought Opy20/2010 State Street Address Opy20/2010 Cteck # Street Address Opy20/201	Street Address	·		_		l—		
Parking, Acela		Alexandria	VA	22314-6104	TRVL		rd	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No No Date of Payment Office Sought Method of Payment Op/20/2010 Ix Check # 20 Summer St Ste 200 Stamford CT Office Sought Method of Payment Op/20/2010 Ix Check # 2068 Description Description Description State State State State Other Candidate for which reimbursement is sought? Yes Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Name of Payee Date of Payment Office Sought Office Sought Method of Payment Office Sought Amo Office Sought Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Office Sought Wethod of Payment Op/20/2010 Ix Check # Op/20/2010 Ix Check # Op/20/2010 Ix Check # Op/20/2010 Op/20/2010 Ix Check # Op/20/2010 Op/20/2010 Ix Check # Op/20/2010 Op/20/201						Event #		
which reimbursement is sought? Yes Name of Payee Date of Payment O9/20/2010 Steek # Street Address City State 20 Summer St Ste 200 Stamford Description Parking, Meals, Other Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No No Date of Payment O9/20/2010 City State Zip Code Purpose of Expenditure Debit Card Event # Office Sought Wethod of Payment Debit Card Debit Card Debit Card Description Fixed Address Other Candidate(s) Name Office Sought Wethod of Payment Amo Office Sought State Size City State Size City State Size Code Purpose of Expenditure O9/20/2010 X Check # Street Address City State Size Code Purpose of Expenditure O9/20/2010 Amo Office Sought Office Sought Office Sought Size Size Code Purpose of Expenditure O9/20/2010 Amo Office Sought Office Sought	Parking, Aceia							
Name of Payee Street Address 20 Summer St Ste 200 Description Parking, Meals, Other Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes Name of Payee Date of Payment O9/20/2010 Check # 2068 Debit Card Debit Card Description Event # Office Sought Yes No Name of Payee Date of Payment Office Sought Office	I	r Other Candidate(s) N	ame		Office Sought			
Name of Payee Schuyler Merritt Street Address City State 20 Summer St Ste 200 Stamford CT 06901-2304 Event # Street Address Office Sought State Street Address Date of Payment State # 2068 RCW Debit Card Event # Street Address Office Sought Method of Payment Office Sought Amo Street Address Office Sought Method of Payment State S	l 🔚							\$832.50
Street Address 20 Summer St Ste 200 Stamford CT O6901-2304 Event # Event # Street Address Other Candidate(s) Name Which reimbursement is sought? Yes Name of Payee Justin R Clark City State Zip Code Purpose of Expenditure Other Candidate(s) Name Office Sought Method of Payment Amo Justin R Clark City State Zip Code Purpose of Expenditure Purpose of Expenditure Other Candidate(s) Name Office Sought Amo Street Address Date of Payment Office Sought Amo Amo Og/20/2010 X Check # Street Address City State Zip Code Purpose of Expenditure Og/20/2010 Date of Payment Og/20/2010 Date o					Date of Payment	Method of Pay	ment	Amount
20 Summer St Ste 200 Stamford CT 06901-2304 RCW Debit Card Event # Event # Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Name of Payee Justin R Clark Street Address City State Zip Code Purpose of Expenditure 2067 Parking, Meals, Other	Schuyler Merritt		1		09/20/2010	X Check #		
Description Parking, Meals, Other Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Name of Payee Date of Payment Method of Payment Amo Justin R Clark Street Address City State Zip Code Purpose of Expenditure Devent # Event # Devent # Amo Office Sought Method of Payment Amo Devent # Amo Devent # Amo Devent # Amo Devent # Date of Payment Devent # De	Street Address	City	State	Zip Code	Purpose of Expenditure	2068		
Parking, Meals, Other Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Name of Payee Justin R Clark Street Address City Other Candidate(s) Name Office Sought Other Candidate(s) Name Office Sought Amo Og/20/2010 X Check # 2067	20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No Name of Payee Date of Payment Justin R Clark Street Address City Other Candidate(s) Name Office Sought Method of Payment Method of Payment Og/20/2010 X Check # 2067	Description					Event #		
which reimbursement is sought? Yes Name of Payee Date of Payment Method of Payment Amo Justin R Clark Street Address City State Zip Code Purpose of Expenditure 2067	Parking, Meals, Other							
Name of Payee Date of Payment Method of Payment Amo Justin R Clark Street Address City State Zip Code Purpose of Expenditure 2067	which reimbursement is sought?	T Other Candidate(s) N	ame		Office Sought			
Justin R Clark 09/20/2010 x Check # Street Address City State Zip Code Purpose of Expenditure 2067								\$452.06
Street Address City State Zip Code Purpose of Expenditure 2067						l ·	ment	Amount
				I		1—		
					1	I—	rd	
20 Summer St Ste 200 Stamord	20 Summer St Ste 200	Stamford	СТ	06901-2304	IRVL	<u> </u>		-
Description Event # Vehicle Miles	-					Event #		
]
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No.	which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$226.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Chris Syrek Street Address 20 Summer St Ste 200 Description	City Stamford	State CT	Zip Code 06901-2304	Date of Payment 09/20/2010 Purpose of Expenditure RCW	Method of Pays X Check # 2064 Debit Car Event #		Amount
Vehicle Miles, Parking, Meals					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$877.07
Name of Payee				Date of Payment	Method of Pay	ment	Amount
James O'Connell				09/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2063</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles, Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$493.59
Name of Payee Ben Hartman				Date of Payment 09/20/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2061</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles, Parking, Meals, Supplies			!	1	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	•		\$849.44
X No							\$ 049.44

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Justin R Clark				Date of Payment 09/20/2010	Method of Payr	ment	Amount
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure	2067 Debit Car	rd	
Description Vehicle Miles		•	1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$226.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Schuyler Merritt	<u></u>		T	09/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2068		
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	d	
Description Meals, Gas					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$452.06
Name of Payee				Date of Payment 09/20/2010	Method of Pays	ment	Amount
Ben Hartman		Ι			X Check # 2061		
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure TRVL	Debit Car	ď	
Description Vehicle Miles, Meals, Supplies	Stamora	<u> </u>	1		Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$894.44

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee James O'Connell Street Address	City	State	Zip Code	Date of Payment 09/20/2010 Purpose of Expenditure	Method of Pays X Check # 2063	ment	Amount
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	d d	
Description Vehicle Miles			•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$493.59
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Syrek				09/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2064		
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	·d	
Description Vehicle Miles, Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No				T	1		\$877.07
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Bill Cortese		1		09/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2059 Debit Car	vd.	
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL		u	
Description Vehicle Miles, Fedex, Event					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$718.07
No No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
N. Expenses Paid By Committee							
Name of Payee Chris Covucci		Γ	1	Date of Payment 09/20/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	2060 Debit Car	v4	
20 Summer St Fl 2	Stamford	СТ	06901-2304	TRVL		ď	
Description Vehicle Miles, Parking, Meals, Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1,368.07
X No				<u> </u>	l		, , , , , ,
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Courtney Weaver				09/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2066</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	TRVL	Debit Car	rd	
Description		-	•		Event #		
Vehicle Miles, Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$966.03
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris Covucci			_	09/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2060</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	rd	
Description Vehicle Miles, Parking, Meals, Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$1,368.07

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee John L Whitney				Date of Payment 09/20/2010	Method of Payr	ment	Amount
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure	2070 Debit Car	ď	
Description Vehicle Miles, Parking, Mail					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$408.65
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Courtney Weaver				09/20/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2066</u>		
20 Summer St Fl 2	Stamford	СТ	06901-2304	RCW	Debit Car	d	
Description Vehicle Miles, Parking, Meals, Supplies					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$966.03
Name of Payee The Advocate/Greenwich Time				Date of Payment 09/20/2010	Method of Payr	ment	Amount
	City	G	7. 0.1		Check #		
Street Address 9 Riverbend Dr	Stamford	State CT	Zip Code 06906	Purpose of Expenditure A-NEWS	X Debit Car	ď	
Description Advertising			•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			*10.00
X No							\$19.99

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
N. Expenses Paid By Committee							
Name of Payee Burger King				Date of Payment 09/20/2010	Method of Pay	ment	Amount
Street Address 1058 High Ridge Rd	City Stamford	State CT	Zip Code 06905-1122	Purpose of Expenditure	X Debit Car	^r d	
Description Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$12.23
Name of Payee Harry's Pizza				Date of Payment 09/20/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure			
1003 Farmington Ave	West Hartford	СТ	06107-2191	FOOD	X Debit Car	rd	
Description Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$22.26
Name of Payee				Date of Payment	Method of Pay	ment	Amount
United States Post Office West Hartford				09/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	rd.	
Lasalle Road Description	West Hartford	СТ		POST	Event #	u	
Mail					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$230.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
N. Expenses Paid By Committee							
Name of Payee Media Placement Technologies				Date of Payment 09/21/2010	Method of Pays	ment	Amount
Street Address 336 Commerce St	City Alexandria	State VA	Zip Code 22314-2802	Purpose of Expenditure A-OTH	X Debit Car	^r d	
Description Advertising & Promotion - 9-20-10 Invoice	e Media Buy Sep 22-26				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	ame		Office Sought			\$215,940.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
John L Whitney	l c'i	L		09/21/2010	X Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure POST	Debit Car	·d	
Description Vehicle Miles, Shipping Costs	Stamoru	<u> - </u>	100301 2301	<u> </u>	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$408.65
No No							
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris O'Brien		I		09/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2072 Debit Car	v4	
20 Summer St Ste 200 Description	Stamford	СТ	06901-2304	RCW	Event #	u	
Vehicle Miles, Parking, Meals, Supplies					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$330.77

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee Len Greene				Date of Payment 09/21/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check # 2071 Debit Car	vd.	
20 Summer St Ste 200	Stamford	СТ	06901-2304	RCW		u	
Description Vehicle Miles, Parking, Meals					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$195.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank	1			09/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	·d	
Description Incoming Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$15.00
Name of Payee				Date of Payment 09/21/2010	Method of Pay	ment	Amount
JP Morgan Chase Bank		<u> </u>			Check #		
Street Address 3A Pickwick Plz	City	State CT	Zip Code 06830	Purpose of Expenditure BNK	X Debit Car	·d	
Description	Greenwich	<u> </u>	100000	DIAIN	Event #		
Outgoing Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$25.00
I I A I No							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				-	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Target				09/21/2010	Check #		
Street Address 21 Broad St	City Stamford	State CT	Zip Code 06901-2309	Purpose of Expenditure OFFICE	X Debit Car	ď	
Description				1	Event #		
Supplies							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$10.77
Name of Payee				Date of Payment	Method of Paya	ment	Amount
Len Greene				09/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2071</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	ď	
Description		-	•		Event #		
Vehicle Miles, Parking, Meals							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	lame		Office Sought	•		
which reimbursement is sought? Yes No							\$195.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Chris O'Brien				09/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2072		
20 Summer St Ste 200	Stamford	СТ	06901-2304	TRVL	Debit Car	ď	
Description Vehicle Miles, Parking, Supplies					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$330.77

	IV. EXPENDITURES	S				_	
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Fedex Kinko's				09/21/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
48 W Putnam Ave	Greenwich	СТ	06830-5331	OFFICE	Debit Car	d	
Description					Event #		
Office Services							
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$8.76
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Starbucks				09/21/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
96 Broad St	Stamford	СТ	06901-2312	FOOD	X Debit Car	d	
Description			•	•	Event #		
Coffee							
Is this expenditure coordinated with another candidate fo	r Other Candidate(s) N	ame		Office Sought			
which reimbursement is sought? Yes							
X No							\$33.67
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Tim Coffey Photography				09/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2087</u>		
1802 Bedford St # 2	Stamford	СТ	06905-4718	PRNT	Debit Car	d	
Description			•		Event #		
Printing & Reproduction Inv#2393 Newtow	n Labor Day Photography						
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$500.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee S.B. Andrews Company / RLM Co.				Date of Payment 09/22/2010	Method of Paye	ment	Amount
Street Address 10 N Main St	City West Hartford	State CT	Zip Code 06107-1968	Purpose of Expenditure OVHD	2093 Debit Car	·d	
Description Rent Expense - Inv#00483,7 S Main St,W	Hartford,Oct 2010 Rent		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	Jame		Office Sought			\$1,680.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
DMI, Inc	Γ	Ι		09/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2090 Debit Car	vd.	
1145 W Collins Ave Description	Orange	CA	92867-5445	PRNT	Event #	u	
Inv#10207 Lapel Stickers,Rally Signs					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No				T	1		\$4,322.11
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Campaign Solutions	<u> </u>			09/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2095 Debit Car	vd.	
117 N Asaph St	Alexandria	VA	22314	WEB		u	
Description Computer & Internet Expenses - Inv#786	6 Monthly Web Maint,Email Deploy,Hos	ting F	ee		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$2,194.15
No No							i e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee CD Inc.				Date of Payment 09/22/2010	Method of Pays	ment	Amount
Street Address PO Box 1877	City Alexandria	State VA	Zip Code 22313-1877	Purpose of Expenditure A-WEB	2089 Debit Car	rd	
Description Computer & Internet Expenses - Inv #303	11 Aug 2010 Google Ads				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$866.65
Name of Payee Premier Graphics				Date of Payment 09/22/2010	Method of Paye	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2085</u>		
860 Honeyspot Rd	Stratford	СТ	06615-7159	PRNT	Debit Car	rd	
Description Inv #56399 Foley/Boughton for CT -3000					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$742.00
X No				T	1		\$742.00
Name of Payee Chris Bandecchi				Date of Payment 09/22/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2076</u>		
20 Summer St Fl 2	Stamford	СТ	1	TRVL	Debit Car	rd	
Description Vehicle Miles		•	•		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$130.18

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Sprint			,	Date of Payment 09/22/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2096</u>		
PO Box 660075	Dallas	TX	75266-0075	WEB	Debit Car	rd	
Description Computer & Internet Expenses - Acct #78	746693 Billing 8/5/10-9/7/10				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$122.92
Name of Payee Comcast				Date of Payment 09/22/2010	Method of Pays	ment	Amount
	City	State	Zip Code	Purpose of Expenditure	2097		
Street Address PO Box 1577	Newark	NJ	07101-1577	WEB	Debit Car	rd	
Description	TOWARK			1	Event #		
Computer & Internet Expenses - Acct 877	3402000691101 Norwich office due 10/	/2/10					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$132.64
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Irving J Kern		<u> </u>	1	09/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2083</u>		
PO Box 1821	Bridgeport	СТ	06601-1821	FOOD	Debit Car	rd	
Description Meals and Entertainment - 9/13/10 Foley	Event - Beverage Reimbursement				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x No							\$69.04

	IV. EXPENDITURES	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Anthem BCBS				Date of Payment 09/22/2010	Method of Pay	nent	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Check #		
PO Box 11017	Lewiston	ME	04243-9468	OVHD	Debit Car	d	
Description Insurance Expense - Acct#105218100000	1,Inv#7025600340,10/1/10-10/31/10				Event #		
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes							\$2,964.86
X No				ī	1		\$2,50 H.00
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Hinckley, Allen & Snyder LLP				09/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2074</u>		
50 Kennedy Plz	Providence	RI	02903-2393	Misc *	Debit Car	d	
Description			•	•	Event #		
Professional Fees - Bill#(RA) 839514, Clien	nt #064178 Foley vs SEEC						
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$7,791.97
Name of Payee				Date of Payment	Method of Payı	nent	Amount
Sherry Sopin			1	09/22/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2082</u>		
1115 Broad St # 1821	Bridgeport	СТ	06604-4234	FOOD	Debit Car	d	
Description Meals and Entertainment - 9/13/10 Foley	Event - Food Reimbursement				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$143.10

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Committee						
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Media Placement Technologies				09/23/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	1		
336 Commerce St	Alexandria	VA	22314-2802	A-OTH	X Debit Car	d d	
Description			•	•	Event #		
Advertising & Promotion - 9-21-10 Inv Se	p 27-Oct 3 Media Buy						
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$365,205.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Clark Hill PLC				09/23/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
1250 Eye St NW	Washington	DC	20005	Misc *	Debit Car	rd	
Description			•	•	Event #		
Professional Fees							
Is this expenditure coordinated with another candidate for	r Other Candidate(s) N	lame		Office Sought	I		
which reimbursement is sought? Yes							
X No							\$2,000.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
United States Post Office West Hartford				09/23/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
Lasalle Road	West Hartford	СТ		POST	X Debit Car	d	
Description					Event #		
Mail							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$440.00
X No							\$440.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee JP Morgan Chase Bank				Date of Payment 09/23/2010	Method of Pay	ment	Amount
Street Address	City	State	Zip Code 06830	Purpose of Expenditure	X Debit Car	rd	
Description Incoming Domestic Wire Fee	Greenwich	СТ	00030	DINK	Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$15.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				09/23/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	rd	
Description Outgoing Domestic wire Fee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$25.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Exxon Mobile				09/23/2010	Check #		
Street Address 1139 Post Rd	City Fairfield	State CT	Zip Code 06824-6074	Purpose of Expenditure TRVL	X Debit Car	rd	
Description	T difficiu	<u>ı </u>	1-552. 5074	1=	Event #		
Gas							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$44.97
I A I No							l ' * '

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Brueggers				Date of Payment 09/23/2010	Method of Pays	ment	Amount
Street Address 1 S Main St	City West Hartford	State CT	Zip Code 06107-2407	Purpose of Expenditure	X Debit Car	rd	
Description Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$4.43
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Torey Shepardson		l		09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2080 Debit Car	rd.	
49 Westmont St Description	West Hartford	СТ	06117-2928	WAGE	Event #		
Payroll Expenses - Intern Stipend Week of	⁻ 9/20/10				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$240.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Emily Duus	Γ			09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2077</u>		
20 Summer St Ste 200	Stamford	СТ	06901-2304	WAGE	Debit Car	·d	
Description Payroll Expenses - Intern Stipend Week of	9/20/10				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$250.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee David M Hellriegel				Date of Payment 09/24/2010	Method of Pays	ment	Amount
Street Address 20 Summer St Ste 200	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure WAGE	2081 Debit Car	rd	
Description Payroll Expenses - Intern Stipend Week of	9/20/10		•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$150.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Staples		ı —		09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car		
2299 Summer St	Stamford	СТ	06905-4502	OFFICE		ď	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$500.40
Name of Payee Sephora				Date of Payment 09/24/2010	Method of Pays	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure			
75 Greenwich Ave	Greenwich	СТ	06830-5511	Misc *	X Debit Car	d	
Description Make-up			,		Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$42.40

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment 09/24/2010	Method of Payr	ment	Amount
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	d	
150 S Main St	West Hartford	СТ	06107-3432	OFFICE		d	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}							\$32.91
Name of Payee				Date of Payment	Method of Payi	ment	Amount
Matthew Joiner	1		1	09/24/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u>2078</u>		
150 Oxoboxo Dam Rd	Oakdale	СТ	06370-1267	WAGE	Debit Car	d	
Description Payroll Expenses - Intern Stipend Week of	⁻ 9/20/10				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	or Other Candidate(s) N	lame		Office Sought			
X No							\$210.00
Name of Payee				Date of Payment	Method of Payı	ment	Amount
Town of West Hartford				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	d	
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			\$1.50
X No							þ1.50

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pays	ment	Amount
Town of West Hartford	·			09/24/2010	Check #		
Street Address	City	State CT	Zip Code 06107-2204	Purpose of Expenditure TRVL	X Debit Car	rd	
20 Isham Rd	West Hartford	Ci	06107-2204	IRVL	 		
Description Parking					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$4.50
Name of Payee				Date of Payment	Method of Paya	ment	Amount
Carbonite Inc.			_	09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
334 Boylston St Fl 3	Boston	MA	02116-3496	OVHD	X Debit Car	d	
Description IT					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$129.95
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Apple Store				09/24/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	V Dura		
100 Greyrock Pl Spc F-115	Stamford	СТ	06901-3118	OFFICE	X Debit Car	d	
Description Computer					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$1,429.89

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Michael Roberts Street Address	City	State	Zip Code	09/24/2010 Purpose of Expenditure	X Check # 2079 Debit Car	.1	
618 Belden Hall	Storrs	СТ	06269-6905	WAGE		rd .	
Description Payroll Expenses - Intern Stipend Week of	⁻ 9/20/10				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$250.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Queen Street Citgo			_	09/27/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
682 Queen St	Southington	СТ	06489-1540	TRVL	X Debit Car	d .	
Description Gas					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
x _{No}					1		\$42.06
Name of Payee				Date of Payment 09/27/2010	Method of Pay	ment	Amount
McLadden's Irish Pub		l			Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	rd.	
37 Lasalle Rd Description	West Hartford	СТ	06107-2304	FOOD		-	
Meal					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	lame		Office Sought			\$72.50
LITT NO							

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford				09/27/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	ed.	
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	 	.u	
Description Parking					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$7.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford		1	_	09/27/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	rd	
Description					Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	ame		Office Sought			
Yes X No							\$4.50
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of West Hartford				09/27/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
20 Isham Rd	West Hartford	СТ	06107-2204	TRVL	X Debit Car	rd	
Description			•		Event #		
Parking							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$7.00

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Target				Date of Payment 09/27/2010	Method of Paye	ment	Amount
Street Address 21 Broad St	City Stamford	State CT	Zip Code 06901-2309	Purpose of Expenditure OFFICE	X Debit Car	rd	
Description Supplies					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	ame		Office Sought			\$13.34
Name of Payee				Date of Payment 09/27/2010	Method of Pay	ment	Amount
Chris Bandecchi	C'.	L			X Check #		
Street Address 20 Summer St Fl 2	City Stamford	State CT	Zip Code 06901-2304	Purpose of Expenditure RCW	Debit Car	rd	
Description	Stamoru	<u> </u>	00301 2001	1.0.1	Event #		
Vehicle Miles							
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			\$130.18
x No				<u> </u>	1		ş130.10
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Reuben's Deli				09/27/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
35 Lasalle Rd	West Hartford	СТ	06107-2304	FOOD	X Debit Car	rd	
Description Meal					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought	!		
X No							\$17.38

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment 09/27/2010	Method of Pay	ment	Amount
Max's Burger					Check #		
Street Address	City	State CT	Zip Code 06107-2314	Purpose of Expenditure FOOD	X Debit Car	rd	
124 Lasalle Rd Ste 1 Description	West Hartford	СТ	06107-2314	FOOD	Event #		
Meal					Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$32.74
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Fedex Kinko's				09/27/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u> </u>		
48 W Putnam Ave	Greenwich	СТ	06830-5331	OFFICE	X Debit Car	rd	
Description		-	•		Event #		
Office Services							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$18.73
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Freedom Voice Systems				09/28/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure]		
169 Saxony Rd Ste 206	Encinitas	CA	92024-6780	OVHD	X Debit Car	ď	
Description					Event #		
Phone system services							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$593.28
1 L_1 1NO							i

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Starbucks				09/28/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	X Debit Car	.d	
96 Broad St	Stamford	СТ	06901-2312	FOOD	 	u	
Description Coffee					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$40.00
Name of Payee				Date of Payment	Method of Payr	ment	Amount
Connecticut Light & Power			_	09/28/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
PO Box 150493	Hartford	СТ	06115-0493	OVHD	X Debit Car	d	
Description Acct#51428445043 - 56 Padanarum Rd, [Danbury				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$200.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ADP EasyPay Boston 2				09/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	<u></u>		
225 2nd Ave	Waltham	MA	02451-1122	OVHD	X Debit Car	^r d	
Description			•		Event #		
TX/FINCL SVC ADP - TAX RIBIT 093009AC	11 CCD ID: 1223006057						
Is this expenditure coordinated with another candidate for which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
Yes X No							\$19,805.89

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee				•	
Name of Payee				Date of Payment	Method of Pay	ment	Amount
ADP EasyPay Boston 2				09/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
225 2nd Ave	Waltham	MA	02451-1122	OVHD	X Debit Car	rd	
Description TX/FINCL SVC ADP - TAX 647026887673B	OIT CCD ID: 9333006057				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought?	r Other Candidate(s) N	lame		Office Sought			
X No							\$64,717.26
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				09/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	rd	
Description Incoming Domestic Wire Fee					Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			445.00
X No							\$15.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Freedom Voice Systems				09/29/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
169 Saxony Rd Ste 206	Encinitas	CA	92024-6780	OVHD	X Debit Car	rd	
Description Phone system services					Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	r Other Candidate(s) N	ame		Office Sought			\$10.92

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILE	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Starbucks	T		<u> </u>	09/30/2010	Check #		
Street Address 96 Broad St	City Stamford	State CT	Zip Code 06901-2312	Purpose of Expenditure	X Debit Car	·d	
Description	Staffiord	<u> </u>	00301 2312	1.002	Event #		
Coffee					Event "		
Is this expenditure coordinated with another candidate for which reimbursement is sought?	or Other Candidate(s) N	lame		Office Sought	ı		
Yes X No							\$3.66
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank				09/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	_		
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	d	
Description					Event #		
Service Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought?	Other Candidate(s) N	lame		Office Sought	•		
Yes X No							\$105.20
Name of Payee				Date of Payment	Method of Pay	ment	Amount
JP Morgan Chase Bank			_	09/30/2010	Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure			
3A Pickwick Plz	Greenwich	СТ	06830	BNK	X Debit Car	·d	
Description					Event #		
Outgoing Domestic Wire Fee							
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	or Other Candidate(s) N	lame		Office Sought			\$25.00
No No							i e e e e e e e e e e e e e e e e e e e

	IV. EXPENDITURE	S					
NAME OF COMMITTEE						FILI	NG DUE DATE
Foley For Governor, Inc.						Origi	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Staples		ı		Date of Payment 09/30/2010	Method of Pays	ment	Amount
Street Address 2299 Summer St	City Stamford	State CT	Zip Code 06905-4502	Purpose of Expenditure OFFICE	X Debit Car	·d	
Description Supplies			1		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$131.36
Name of Payee				Date of Payment	Method of Pay	ment	Amount
C. Christopher Semmes		Ι		09/30/2010	X Check #		
Street Address 23 Pilgrim Dr	City	State CT	Zip Code 06831-4925	Purpose of Expenditure OVHD	2106 Debit Car	·d	
Description	Greenwich	<u> </u>	00031 4923	OVIID	Event #		
Photos for Romney Event - Professional Fe	ees						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			1070 00
X No				1			\$969.00
Name of Payee				Date of Payment	Method of Pay	ment	Amount
Town of Glastonbury		I		09/30/2010	X Check #		
Street Address	City	State	Zip Code	Purpose of Expenditure	2105 Debit Car	.d	
2155 Main St	Glastonbury	СТ	06033-2282	OVHD	 	u	
Description Community Center Room Rental for Scott	Brown - Rent Expense				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	lame		Office Sought			
X No							\$530.00

	IV. EXPENDITURE	s					
NAME OF COMMITTEE						FILII	NG DUE DATE
Foley For Governor, Inc.						Origin	nal 10/12/2010
	N. Expenses Paid By Commi	ttee					
Name of Payee Chatham Light Media				Date of Payment 09/30/2010	Method of Pays	ment	Amount
Street Address PO Box 1330	City Stowe	State VT	Zip Code 05672-1330	Purpose of Expenditure A-OTH	2107 Debit Car	rd	
Description Advertising & Promotion - Inv#1523,1524	I	l	•		Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	r Other Candidate(s) N	lame		Office Sought			\$67,694.00
Name of Payee Media Placement Technologies				Date of Payment 09/30/2010	Method of Pay	ment	Amount
Street Address 336 Commerce St	City Alexandria	State VA	Zip Code 22314-2802	Purpose of Expenditure A-OTH	X Debit Car	rd	
Description Advertising & Promotion - 9-24-10 Inv Oct	t 4-10 Media Buy				Event #		
Is this expenditure coordinated with another candidate fo which reimbursement is sought? Yes	r Other Candidate(s) N	ame		Office Sought			
X No							\$365,205.00
					Total of Sec	ction N	\$1,761,422.39

	IV.	EXPENDITURES					_	
NAME OF COMMITTE	EE						FILING	DUE DATE
Foley For Governor, I	nc.						Origina	1 10/12/2010
	O. Cam	paign Expenses Paid By Candidate						
Name of Payee				Date of Payme		Is Reimbur Claimed?	rsement	Amount
Street Address		City	State	Zip Code		Ye No		
Purpose of Expenditure	Description				Event #	ŧ		
					•	Total of	Section O	

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 10/12/2010
	Р. І	Expenses Incurred on Commit	tee Credit Ca	nrd		
Name of Issuing Institution Chase Cardmember Service			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Minuteman Press					Date of Transaction 09/14/2010	Amount
Street Address 2540 Summer St		City Stamford	State CT	Zip Code 06905-4302		
Purpose of Expenditure A-NEWS	Description Advertising & Prod	motion Expense			Event #	
						\$50.99
Name of Issuing Institution Chase Cardmember Service	American					
Name of Vendor Hyatt Hotel & Resorts: Hyat	t Regenc				Date of Transaction 09/14/2010	Amount
Street Address 1800 E Putnam Ave		City Old Greenwich	State CT	Zip Code 06870-1320		
Purpose of Expenditure TRVL	Description Lodging Expense				Event #	
						\$3,693.96
Name of Issuing Institution Chase Cardmember Service			Type of Credit C X Visa Other	ard: Master Card	Discover	American
Name of Vendor Best Buy					Date of Transaction 09/15/2010	Amount
Street Address 1501 New Britain Ave	_	City West Hartford	State CT	Zip Code 06110-1659		
Purpose of Expenditure OFFICE	Description Supplies				Event #	\$50.84

		IV. EXPENDITURES						
NAME OF COMMITTEE							FI	LING DUE DATE
Foley For Governor, Inc.							Or	riginal 10/12/2010
	P. I	Expenses Incurred on Commit	tee Cr	edit Ca	rd		•	
Name of Issuing Institution Chase Cardmember Service			X	of Credit Ca Visa	ard: Master Card	Discover	Amer	ican
Name of Vendor Target						Date of Transaction Amour 09/15/2010		Amount
Street Address 21 Broad St		City Stamford	- 1	tate	Zip Code 06901-2309			
Purpose of Expenditure OFFICE	Description Supplies					Event #		
								\$90.09
Name of Issuing Institution Chase Cardmember Service Type of Credit Card: X Visa Master Card Other				Discover	Amer	rican		
Name of Vendor Minuteman Press			. —			Date of Transaction 09/16/2010		Amount
Street Address 2540 Summer St		City Stamford	- 1	tate CT	Zip Code 06905-4302			
Purpose of Expenditure A-NEWS	Description Advertising & Pro	motion				Event #		
								\$1,128.01
Name of Issuing Institution Chase Cardmember Service			x	of Credit Ca	ard: Master Card	Discover	Amer	ican
Name of Vendor Hyatt Hotel & Resorts: Hyat	t Regenc		. —			Date of Transaction 09/17/2010		Amount
Street Address 1800 E Putnam Ave		City Old Greenwich	- 1	tate CT	Zip Code 06870-1320			
Purpose of Expenditure TRVL	Description Lodging Expense					Event #		¢6 871 46

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILING DUE DATE	Ξ
Foley For Governor, Inc.						Original 10/12/201	0
	P. I	Expenses Incurred on Commit	ttee Credit Ca	rd			
Name of Issuing Institution Chase Cardmember Service	:		Type of Credit C X Visa Other	ard: Master Card	Discover	American	
Name of Vendor Town of West Hartford					Date of Transaction 09/27/2010	Amount	
Street Address 20 Isham Rd		City West Hartford	State CT	Zip Code 06107-2204			
Purpose of Expenditure TRVL	Description Parking		•		Event#		
			I				\$7.00
Name of Issuing Institution Chase Cardmember Service			Type of Credit C X Visa Other	ard: Master Card	Discover	American	
Name of Vendor Town of West Hartford			· 		Date of Transaction 09/28/2010	Amount	
Street Address 20 Isham Rd		City West Hartford	State CT	Zip Code 06107-2204			
Purpose of Expenditure TRVL	Description Parking				Event #		
							\$7.00
Name of Issuing Institution Chase Cardmember Service			Type of Credit C X Visa Other	ard: Master Card	Discover	American	
Name of Vendor Staples					Date of Transaction 09/28/2010	Amount	
Street Address 2299 Summer St		City Stamford	State CT	Zip Code 06905-4502			
Purpose of Expenditure OFFICE	Description Supplies				Event #	¢	25.42

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILING DUE	DATE
Foley For Governor, Inc.						Original 10/1	2/2010
	P. I	Expenses Incurred on Commit	tee Credit Ca	rd	·		
Name of Issuing Institution Chase Cardmember Service			Type of Credit C X Visa Other	ard: Master Card	Discover	American	
Name of Vendor United States Post Office					Date of Transaction 09/28/2010	An	nount
Street Address Ridgeway Station		City Stamford	State CT	Zip Code 06902			
Purpose of Expenditure POST	Description Mail		·		Event #		
							\$176.00
Name of Issuing Institution Type of Credit Card: X Visa Master Card Discover Other				Discover	American		
Name of Vendor Reuben's Deli					Date of Transaction 09/28/2010	An	nount
Street Address 35 Lasalle Rd		City West Hartford	State CT	Zip Code 06107-2304			
Purpose of Expenditure FOOD	Description Meal Expense				Event#		
							\$15.26
Name of Issuing Institution Chase Cardmember Service			Type of Credit C X Visa Other	ard: Master Card	Discover	American	
Name of Vendor McDonalds					Date of Transaction 09/28/2010	An	nount
Street Address 172 Washington St		City Stamford	State CT	Zip Code 06901			
Purpose of Expenditure FOOD	Description Meal Expense				Event #		\$56,56

		IV. EXPENDITURES				
NAME OF COMMITTEE						FILING DUE DATE
Foley For Governor, Inc.						Original 10/12/2010
	P. I	Expenses Incurred on Commit	tee Credit (Card		
Name of Issuing Institution Chase Cardmember Service			Type of Credi X Visa Other	t Card: Master Card	Discover	American
Name of Vendor RadioShack					Date of Transaction 09/28/2010	Amount
Street Address 561 Elm St # 1-1419		City Stamford	State CT	Zip Code 06902-5113		
Purpose of Expenditure OFFICE	Description Supplies				Event #	
						\$106.00
Name of Issuing Institution Chase Cardmember Service Type of Credit Card: X Visa Master Card Dis				Discover	American	
Name of Vendor Luna Pizza					Date of Transaction 09/30/2010	Amount
Street Address 999 Farmington Ave		City Hartford	State CT	Zip Code 06107-2103		
Purpose of Expenditure FOOD	Description Meal				Event#	
						\$81.20
Name of Issuing Institution Chase Cardmember Service			Type of Credi X Visa Other	t Card: Master Card	Discover	American
Name of Vendor Staples			, <u>—</u>		Date of Transaction 09/30/2010	Amount
Street Address 2299 Summer St		City Stamford	State CT	Zip Code 06905-4502		
Purpose of Expenditure OFFICE	Description Supplies				Event#	\$25.42
					1	£ 15 /17

		IV. EXPENDITURES						
NAME OF COMMITTEE							F	ILING DUE DATE
Foley For Governor, Inc.							O	riginal 10/12/2010
	P. I	Expenses Incurred on Commit	tee Credit	t Ca	rd			
Name of Issuing Institution Chase Cardmember Service			Type of Cre X Visa Other		nrd: Master Card	Discover	Ame	rican
Name of Vendor Town of West Hartford			Date of Transaction Am 09/30/2010		Amount			
Street Address 20 Isham Rd		City West Hartford	State CT		Zip Code 06107-2204			
Purpose of Expenditure TRVL	Description Parking					Event #		17.00
Name of Issuing Institution Chase Cardmember Service Type of Credit Card: X Visa Master Card Other				Discover	Ame	\$7.00 rican		
Name of Vendor Town of West Hartford			, —			Date of Transaction 09/30/2010		Amount
Street Address 20 Isham Rd		City West Hartford	State CT		Zip Code 06107-2204			
Purpose of Expenditure TRVL	Description Parking					Event #		
								\$1.50
Name of Issuing Institution Chase Cardmember Service			Type of Cre X Visa Other		urd: Master Card	Discover	Ame	rican
Name of Vendor Minuteman Press						Date of Transaction 09/30/2010		Amount
Street Address 2540 Summer St		City Stamford	State CT		Zip Code 06905-4302			
Purpose of Expenditure A-NEWS	Description Advertising & Prod	motion				Event#		\$1 739 46
								€1/34/4 6

		IV. EXPENDITURES					
NAME OF COMMITTEE						FILING DUE DATE	
Foley For Governor, Inc.	ey For Governor, Inc.						
P. Expenses Incurred on Committee Credit Card							
Name of Issuing Institution Chase Cardmember Service Type of Credit Card: X Visa Master Card Discover Other					American		
Name of Vendor United States Post Office					Date of Transaction 09/30/2010	Amount	
Street Address Ridgeway Station		City Stamford	State CT	Zip Code 06902			
Purpose of Expenditure POST	Description Mail				Event #	\$132.00	
					Total of Section		

IV. EXPENDITURES										
NAME OF CO	MMITTEE				FILING	G DUE DATE				
Foley For Go	vernor, Inc.				Origina	al 10/12/2010)			
Q. Expenses Incurred By Committee but Not Paid During this Period										
Name of Creditor Chase Cardme	mber Service		Date Incurred 09/30/2010	Event #		Amou Incuri (Estima	red			
Street Address PO Box 15153		City Wilmington		State DE	Zip Code 19886-51	Actu				
	Description									
Purpose of Expenditure CCP	Payment to campaign card									
Is this expenditure which reimbursemed Yes	coordinated with another candidate for Other Candida ent is sought?	te(s) Name	Office Sought			\$14,7	265.17			
				Total o	f Section Q	\$14,2	265.17			

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor. Inc.					Origin	nal 10/12/2010
R. Itemization of Reimburse	ements to Committee Work	xers and	Consultants			
Name of Worker/Consultant Justin R Clark Secondary Payee Justin R Clark	F		Date of Payment 09/07/2010 Purpose of Expenditure TRVL		nent	Amount
Street Address 20 Summer St Ste 200	City Stamford	·!	State CT	Zip Code 06901-2304		
Description vehicle miles Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought?	idate(s) Name	Office	Sought	Event#		
Yes X No						\$422.00
Name of Worker/Consultant Sunghi P Frauen		Date of Payment 09/07/2010		Method of Payment X Check #		Amount
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	2024 Debit Card	i	
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2	
Description cell phone				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$146.05

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committe	e Workers and	Consultants					
Matthew Joiner 0 Secondary Payee Pu				Method of Payn X Check # 2020 Debit Care		Amount		
Street Address 150 Oxoboxo Dam Rd	City Oakdale	TRVL	State CT	Zip Code 06370-1267				
Description Vehicle miles Is this expenditure coordinated with another candidate for other Cand which reimbursement is sought?	idate(s) Name	Office	Sought	Event#				
Yes X No						\$195.00		
Name of Worker/Consultant Courtney Weaver			Date of Payment 09/07/2010		nent	Amount		
Secondary Payee Courtney Weaver		Purpose o	of Expenditure	2012 Debit Care	d			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1			
Description vehicle miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$553.00		

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.					Origin	nal 10/12/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Courtney Weaver Secondary Payee Town of West Hartford	ney Weaver 0 ary Payee Pu		ayment 2010 of Expenditure	Method of Paym X Check # 2012 Debit Card		Amount
Street Address 20 Isham Rd	City West Hartford	1	State CT	Zip Code 06107-2204		
Description parking				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$35.00
Name of Worker/Consultant Courtney Weaver		Date of Payment 09/07/2010		Method of Payment X Check #		Amount
Secondary Payee SBC		Purpose of FOOD	of Expenditure	2012 Debit Card	i	
Street Address 131 Summer St	City Stamford		State CT	Zip Code 06901-2323	3	
Description Campaign meeting w/ town co-ordinators				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$110.98

IV. E	XPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE				
Folev For Governor, Inc.					Origin	nal 10/12/2010				
R. Itemization of Reimburse	ements to Committee Wor	kers and	Consultants							
Name of Worker/Consultant Courtney Weaver		Date of Payment 09/07/2010		Method of Paym	ent	Amount				
Secondary Payee Verizon Wireless		Purpose of Expenditure A-PH-BNK		2012 Debit Card	i					
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062						
Description cell phone bill				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$54.28				
Name of Worker/Consultant Courtney Weaver		Date of Pa		Method of Paym	ent	Amount				
Secondary Payee Blackstone Library		Purpose o	f Expenditure	2012 Debit Card	i					
Street Address 758 Main St	City Branford		State CT	Zip Code 06405-3617	7					
Description Books, blues, and BBQ event				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	date(s) Name	Office	Sought	•		¢25.00				

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	cers and	Consultants					
		Date of Payment 09/07/2010		Method of Paym	ent	Amount		
Secondary Payee United Ride		Purpose of Expenditure Misc *		2012 Debit Card	i			
Street Address 10 Norden Pl	City Norwalk		State CT	Zip Code 06855-1452				
Description Memorial T-Shirts for United Ride				Event #				
Is this expenditure coordinated with another candidate for Other Candiwhich reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$30.00		
Name of Worker/Consultant Chris Bandecchi		Date of P		Method of Paym X Check #	nent	Amount		
Secondary Payee Chris Bandecchi		Purpose o	of Expenditure	2022 Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1			
Description vehicle miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			\$18.00		

IV. EXPENDITURES								
					LH B	NC DITE DATE		
NAME OF COMMITTEE						NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburso	ements to Committee Wor	kers and	Consultants					
Name of Worker/Consultant Date of Payment Method			Method of Paym	nent	Amount			
Chris Bandecchi		09/07/	2010	X Check #				
Secondary Payee		Purpose o	f Expenditure	2022 Debit Care	d			
Verizon Wireless		A-PH-E	SNK	Debit Care	u			
Street Address PO Box 15062	City Albany		State Zip Code NY 12212-5		2			
Description				Event #				
Air card for wireless								
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No						\$146.73		
		1		1				
Name of Worker/Consultant		Date of Payment 09/07/2010		Method of Payment X Check #		Amount		
Schuyler Merritt		09/07/	2010	2013				
Secondary Payee			f Expenditure	Debit Care	d			
Schuyler Merritt Street Address		TRVL	1					
20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1			
Description				Event #				
vehicle miles								
						•		
Is this expenditure coordinated with another candidate for Other Cand- which reimbursement is sought?	idate(s) Name	Office	Sought					
Yes X No.						\$99.35		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants				
Name of Worker/Consultant Schuyler Merritt Secondary Payee	yler Merritt (Date of Payment 09/07/2010 Purpose of Expenditure		ent	Amount	
Town of West Hartford		TRVL		Debit Card	i		
Street Address 20 Isham Rd	City West Hartford			Zip Code 06107-2204	ļ		
Description parking			-	Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$11.50	
Name of Worker/Consultant		Date of P	ayment	Method of Paym	ent	Amount	
Schuyler Merritt		09/07/2010		X Check #			
Secondary Payee Wendy's		Purpose o	f Expenditure	2013 Debit Card	i		
Street Address 306 Prospect Ave	City Hartford		State CT	Zip Code 06106-2028	3		
Description Toms lunch				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	<u> </u>		¢45.05	

IV. EXPENDITURES								
IV. E	AFENDITURES				l			
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor. Inc.					Origin	al 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
			ayment 2010	Method of Paym	ent	Amount		
Secondary Payee McDonalds			Purpose of Expenditure FOOD		i			
Street Address 172 Washington St	City Stamford	•	State CT	Zip Code				
Description Toms lunch				Event #				
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$13.10		
Name of Worker/Consultant		Date of Pa		Method of Payment		Amount		
Schuyler Merritt		09/07/2010		2013 Check #				
Secondary Payee Sprint		Purpose o	of Expenditure	Debit Card	i			
Street Address PO Box 660075	City Dallas		State TX	Zip Code 75266-0075	5			
Description cell phone (August)			•	Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$70.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origir	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	cers and	Consultants					
		Date of Payment 09/07/2010		Method of Paym	ent	nt Amount		
Secondary Payee Exxon Mobile		Purpose of Expenditure TRVL		Purpose of Expenditure		2013 Debit Care	i	
Street Address 1139 Post Rd	City Fairfield		State CT	Zip Code 06824-6074				
Description Gas for BMW				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$271.71		
Name of Worker/Consultant Schuyler Merritt		Date of P. 09/07/		Method of Paym X Check #	nent	Amount		
Secondary Payee Schuyler Merritt		Purpose o	of Expenditure	2013 Debit Care	i			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1			
Description vehicle miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢87.30		

IV. E	IV. EXPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE				
Folev For Governor, Inc.					Origin	nal 10/12/2010				
R. Itemization of Reimburse	ements to Committee Worl	cers and	Consultants							
Name of Worker/Consultant Schuyler Merritt		Date of Payment 09/07/2010		Method of Paym	nent	Amount				
Secondary Payee Summer Place Parking	Purpose of Expenditure TRVL				ll l		II		i	
Street Address Summer Place	City Stamford		State CT	Zip Code 06901		1				
Description parking				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$25.00				
Name of Worker/Consultant Chris Covucci		Date of Payment 09/07/2010		Method of Payment X Check #		Amount				
Secondary Payee Chris Covucci		Purpose o	f Expenditure	2018 Debit Card	i					
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1					
Description vehicle miles				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No.	date(s) Name	Office	Sought	1		¢305.85				

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.					Origir	nal 10/12/2010
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant Chris Covucci Secondary Payee Summer Place Parking			Date of Payment 09/07/2010 Purpose of Expenditure TRVL		nent	Amount
Street Address Summer Place	City Stamford	· ·	State CT	Zip Code 06901		
Description parking Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought	Event#		
which reimbursement is sought? Yes No						\$6.00
Name of Worker/Consultant Chris Covucci		Date of Payment 09/07/2010		Method of Payn	nent	Amount
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	2018 Debit Care	i	
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2	
Description cell phone bill				Event#		
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$148.73

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants		-			
Chris Covucci (Date of Payment 09/07/2010		Method of Paym X Check #	ent	Amount		
Secondary Payee T Mobile		A-PH-E	of Expenditure	Debit Care	i			
Street Address 326 N Main St	City West Hartford		State CT	Zip Code 06117-2510				
Description pre-paid cell phones				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$296.77		
Name of Worker/Consultant Chris Covucci		Date of Payment 09/07/2010		Method of Payment X Check #		Amount		
Secondary Payee Fair Tickets		Purpose o	of Expenditure	2018 Debit Card	i			
Street Address 100 Main St	City Bridgewater		State CT	Zip Code 06752				
Description Tickets for Somers, Bridgewater, Terryville, and Chester Fairs				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$49.00		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Chris Syrek Secondary Payee Chris Syrek		Date of P 09/07/ Purpose of		Method of Paym X Check # 2014 Debit Card		Amount	
Street Address 20 Summer St Ste 200	City Stamford	12	State CT	Zip Code 06901-2304			
Description vehicle miles Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought	Event #			
which reimbursement is sought? Yes No						\$645.00	
Name of Worker/Consultant Chris Syrek			Date of Payment 09/07/2010		ent	Amount	
Secondary Payee Verizon Wireless		Purpose o	of Expenditure	2014 Debit Card	i		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description cell phone bill				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$145.98	

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Chris Syrek Secondary Payee	rek		Date of Payment 09/07/2010 Purpose of Expenditure		nent	Amount	
Whole Foods Street Address 50 Raymond Rd	City West Hartford	FOOD	State CT	Zip Code 06107-2213			
Description Staff lunch				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$10.07	
Name of Worker/Consultant Chris Syrek		Date of Payment 09/07/2010		Method of Payn	nent	Amount	
Secondary Payee Summer Place Parking		Purpose o	of Expenditure	2014 Debit Care	d		
Street Address Summer Place	City Stamford		State CT	Zip Code 06901			
Description parking				Event#			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$10.00	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Worl	kers and	Consultants					
hris Syrek (Method of Paym X Check # 2014 Debit Carr		Amount		
Whole Foods Street Address 50 Raymond Rd	City West Hartford	FOOD	State CT	Zip Code 06107-2213				
Description staff lunch				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$11.75		
Name of Worker/Consultant Chris Syrek		Date of Payment 09/07/2010		Method of Payment X Check #		Amount		
Secondary Payee Bridgewater Fair		Purpose o	of Expenditure	2014 Debit Care	d			
Street Address 100 Main St	City Bridgewater		State CT	Zip Code 06752				
Description admission to fair				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$8.00		

IV. EXPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE			
Folev For Governor, Inc.					Origin	nal 10/12/2010			
R. Itemization of Reimburse	ements to Committee Worl	kers and	Consultants						
Name of Worker/Consultant Ben Hartman		Date of Payment 09/07/2010		Method of Paym X Check # 2015	nent	Amount			
Secondary Payee Ben Hartman					i				
Street Address 20 Summer St Ste 200	City Stamford		State Zip Code CT 06901-2		1				
Description vehicle miles				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$502.00			
Name of Worker/Consultant Ben Hartman		Date of Payment 09/07/2010		Method of Payment X Check #		Amount			
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	2015 Debit Card	i				
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2				
Description cell phone				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢157.93			

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants					
Ben Hartman (Date of Payment 09/07/2010 Purpose of Expenditure		Method of Paym X Check #	ent	Amount		
Chester Fair		A-RAD	P	Debit Care	i			
Street Address 11 Kirtland Ter	City Chester	•	State CT	Zip Code 06412				
	lidate(s) Name	Office	Sought	Event#				
which reimbursement is sought? Yes No						\$8.00		
Name of Worker/Consultant John L Whitney		Date of Payment 09/07/2010		Method of Paym	ent	Amount		
Secondary Payee John L Whitney		Purpose o	f Expenditure	2017 Debit Card	i			
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1			
Description vehicle miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$38.50		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Len Greene (Date of Payment 09/07/2010 Purpose of Expenditure		X Check # 2016		Amount		
Street Address 20 Summer St Ste 200	City Stamford	TRVL	/L Debit Card State Zip Code CT 06901-2304					
Description vehicle miles				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$141.50		
Name of Worker/Consultant Len Greene		Date of Page 09/07/		Method of Paym	ent	Amount		
Secondary Payee Summer Place Parking		Purpose o	of Expenditure	2016 Debit Card	i			
Street Address Summer Place	City Stamford		State CT	Zip Code 06901				
Description parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			\$3.00		

IV. E	EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Dean Pagani Secondary Payee Summer Place Parking	F		Date of Payment 09/20/2010 Purpose of Expenditure		09/20/2010 X Check # 2065			Amount
Street Address Summer Place	City Stamford	12	State CT	Zip Code 06901				
Description Parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	iidate(s) Name	Office	Sought			\$73.00		
Name of Worker/Consultant Dean Pagani			Date of Payment 09/20/2010		nent	Amount		
Secondary Payee Hartford Parking Authority		Purpose o	f Expenditure	2065 Debit Card				
Street Address 155 Morgan St	City Hartford		State CT	Zip Code 06103-1309)			
Description Parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$11.50		

IV. E	IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc. Original Control of the Co					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Wo	orkers and	Consultants					
Name of Worker/Consultant Dean Pagani Secondary Payee	Pagani (fary Payee F		Date of Payment 09/20/2010 Purpose of Expenditure		nent	Amount		
Amtrak Street Address 60 Massachusetts Ave NE	City Washington	TRVL	State DC					
	idate(s) Name	Office	Sought	Event#				
which reimbursement is sought? Yes No						\$748.00		
Name of Worker/Consultant Courtney Weaver		Date of Payment 09/20/2010		Method of Payment X Check #		Amount		
Secondary Payee Courtney Weaver		Purpose o	of Expenditure	2066 Debit Care	d			
Street Address 20 Summer St FI 2	City Stamford		State CT	Zip Code 06901-2304	1			
Description Vehicle Miles				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$821.00		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc. Orig						nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee	Workers and	Consultants					
Courtney Weaver (09/20/	Date of Payment 09/20/2010		nent	Amount		
Secondary Payee Hartford Parking Authority		TRVL	f Expenditure	Debit Care	d			
Street Address 155 Morgan St	City Hartford	1	State CT	Zip Code 06103-1309				
Description Parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	iidate(s) Name	Office	Sought			\$52.50		
Name of Worker/Consultant Courtney Weaver			Date of Payment 09/20/2010		nent	Amount		
Secondary Payee Bella Napoli Pizza		Purpose o	of Expenditure	2066 Debit Care	d			
Street Address 864 Boston Post Rd	City Milford		State CT	Zip Code 06460-3530)			
Description Pizza for Phonebankers				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$7.37		

IV. F	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Courtney Weaver Secondary Payee Caron's Corner Deli	F		Date of Payment 09/20/2010 Purpose of Expenditure FOOD Method of Paymen X Check # 2066 Debit Card			Amount	
Street Address 147 Montowese St	City Branford		State CT	Zip Code 06405-3809	9		
Description Food for Phonebankers, door knockers Lethic avonditure conditated with mathematical for the Condition of the Con	Edito(a) Manna	Office	Sought	Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$21.92	
Name of Worker/Consultant Courtney Weaver		Date of Payment 09/20/2010		Method of Payment X Check #		Amount	
Secondary Payee iParty Retail Stores		Purpose o	of Expenditure	2066 Debit Care	d		
Street Address 6 Simms Road At Albany Ave	City West Hartford		State CT	Zip Code 06117			
Description Supplies				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$20.84	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Wo	rkers and	Consultants					
ourtney Weaver (09/20/	Date of Payment 09/20/2010 Purpose of Expenditure		2010 X Check # 2066			Amount
Demers Exposition SVS Inc. Street Address 180 Johnson St	City Middletown	EFV *	State CT	Zip Code 06457-2247				
Description Folding Chairs Womens Expo				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$42.40		
Name of Worker/Consultant James O'Connell		Date of Payment 09/20/2010		Method of Payment X Check #		Amount		
Secondary Payee James O'Connell		Purpose o	of Expenditure	2063 Debit Care	d			
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1			
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$165.00		

IV. E	XPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.						nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant James O'Connell Secondary Payee Radio Shack	O'Connell ry Payee		Date of Payment 09/20/2010 Purpose of Expenditure OFFICE		nent	Amount	
Street Address 39 S Main St	City West Hartford	1	State CT	Zip Code 06107-2412		•	
Description T-Mobile Recharge Cell Phones Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Cand	idate(s) Name	Office	Sought	Event#			
Yes X No						\$328.59	
Name of Worker/Consultant Chris Syrek		Date of Payment 09/20/2010		Method of Payment X Check #		Amount	
Secondary Payee Chris Syrek		Purpose o	of Expenditure	2064 Debit Care	d		
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1		
Description Vehicle Miles				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$573.00	

IV. F	IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE			
Folev For Governor, Inc. Origin					Origin	nal 10/12/2010			
R. Itemization of Reimburs	ements to Committee V	Vorkers and	Consultants						
Name of Worker/Consultant Chris Syrek Secondary Payee Dunkin Donuts	1		Date of Payment 09/20/2010 Purpose of Expenditure		nent	Amount			
Street Address 50 Main St	City Stamford	FOOD	State CT	Zip Code					
Description Donuts/Coffee Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought	Event#					
which reimbursement is sought? Yes No	indac(s) (vaiic	Office	Sough			\$140.28			
Name of Worker/Consultant Chris Syrek		Date of Pa		Method of Payment X Check #		Amount			
Secondary Payee Lowe's		Purpose o	f Expenditure	2064 Debit Care	i				
Street Address 325 Cottage Grove Rd	City Bloomfield		State CT	Zip Code 06002-3148	3	•			
Description Supplies				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$111.69			

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimburs	ements to Committee Worl	kers and	Consultants				
Name of Worker/Consultant Chris Syrek Secondary Payee CVS	ee I		Date of Payment 09/20/2010 Purpose of Expenditure		nent	Amount	
Street Address 150 S Main St	City West Hartford	OFFICE	State CT	Zip Code 06107-3432			
Description Supplies Newton Parade				Event#			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$52.10	
Name of Worker/Consultant Ben Hartman		Date of Payment 09/20/2010		Method of Payment X Check #		Amount	
Secondary Payee Ben Hartman		Purpose o	of Expenditure	2061 Debit Care	d		
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	1		
Description Vehicle Miles				Event#			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$551.00	

IV. E	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Ben Hartman Secondary Payee Hartford Parking Authority			ayment 2010 of Expenditure	2061 X Check #		Amount	
Street Address 155 Morgan St	City Hartford	TRVL	State CT	Zip Code 06103-1309			
Description Parking				Event #			
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$23.00	
Name of Worker/Consultant Ben Hartman		Date of Payment 09/20/2010		Method of Payment X Check #		Amount	
Secondary Payee Summer Place Parking		Purpose o	of Expenditure	2061 Debit Card	d		
Street Address Summer Place	City Stamford		State CT	Zip Code 06901			
Description Parking				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	1		\$2.00	

IV. F	IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE			
Foley For Governor, Inc.					Origin	nal 10/12/2010			
R. Itemization of Reimburs	ements to Committee Wor	kers and	Consultants		•				
Name of Worker/Consultant Ben Hartman Secondary Payee	n Hartman		Date of Payment 09/20/2010 Purpose of Expenditure		ent	Amount			
Bricco Street Address 78 Lasalle Rd	City West Hartford	FOOD	State CT	Zip Code 06107-2303					
Description Volunteer Lunch				Event#					
Is this expenditure coordinated with another candidate for Other Cand which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$42.40			
Name of Worker/Consultant Ben Hartman		Date of Payment 09/20/2010		Method of Payment X Check #		Amount			
Secondary Payee Ninety Nine		Purpose o	of Expenditure	2061 Debit Care	i				
Street Address 85 Salem Tpke	City Norwich		State CT	Zip Code					
Description Volunteer Lunch				Event #					
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$25.41			

IV. E	XPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE				
Foley For Governor, Inc.					Origin	nal 10/12/2010				
R. Itemization of Reimbursements to Committee Workers and Consultants										
		09/20/2010 X Check #		Method of Paym X Check # 2061	ent	Amount				
Secondary Payee Infinity Palace		Purpose of Expenditure FOOD						Debit Card	i	
Street Address 77 Salem Tpke	City Norwich		State CT	Zip Code 06360-6483						
Description Tuesday Lunch				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$8.65				
Name of Worker/Consultant		Date of Pa		Method of Paym	ent	Amount				
Ben Hartman		09/20/2010		X Check # 2061						
Secondary Payee Staples		Purpose o	f Expenditure	Debit Card	i					
Street Address 45 Salem Tpke	City Norwich		State CT	Zip Code 06360-6533	3					
Description Office Supplies				Event #						
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢134.98				

IV. EXPENDITURES								
NAME OF COMMITTEE					FILIN	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Ben Hartman Secondary Payee	an		Date of Payment 09/20/2010 Purpose of Expenditure		ent	Amount		
The Haddam Neck Fair Association Street Address 26 Quarry Hill Rd	City Haddam Neck	Misc *	State CT					
Description Haddam Neck Fair				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$21.00		
Name of Worker/Consultant Ben Hartman		Date of Payment 09/20/2010		Method of Payment X Check #		Amount		
Secondary Payee Hebron Harvest Fair		Purpose of	of Expenditure	2061 Debit Care	i			
Street Address 347 Gilead St	City Hebron		State CT	Zip Code 06248-1313	3			
Description Hebron Harvest Fair				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$41.00		

IV. H	EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris Covucci Secondary Payee Chris Covucci		Date of P 09/20/ Purpose of		Method of Paym X Check # 2060 Debit Care		Amount		
Street Address 20 Summer St Fl 2	City Stamford	1	State CT	Zip Code 06901-2304	1			
Description Vehicle Miles				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	didate(s) Name	Office	Sought			\$805.60		
Name of Worker/Consultant Chris Covucci			Date of Payment 09/20/2010		nent	Amount		
Secondary Payee Hartford Parking Authority		Purpose o	of Expenditure	2060 Debit Card	i			
Street Address 155 Morgan St	City Hartford		State CT	Zip Code 06103-1309)			
Description Parking				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$5.50		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris Covucci Secondary Payee	s Covucci (Date of Payment 09/20/2010 Purpose of Expenditure		nent d	Amount		
Street Address Summer Place	City Stamford	TRVL	State CT	Zip Code 06901				
Description Parking Is this expenditure coordinated with another candidate for Other Cand	lidate(s) Name	Office	Sought	Event #				
which reimbursement is sought? Yes No	()	ome.	ooug.i.			\$3.00		
Name of Worker/Consultant Chris Covucci		Date of Payment 09/20/2010		Method of Payment X Check #		Amount		
Secondary Payee Bradley Int'l Airport		Purpose o	of Expenditure	2060 Debit Care	d			
Street Address Schoephoester Road	City Windsor Locks		State CT	Zip Code 06096				
Description Parking				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$4.50		

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Chris Covucci Secondary Payee	ris Covucci		Date of Payment 09/20/2010 Purpose of Expenditure		nent	Amount		
Street Address 50 Raymond Rd	City West Hartford	FOOD	State CT	Zip Code 06107-2213				
Description Volunteer Refreshments				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$28.97		
Name of Worker/Consultant Chris Covucci		Date of Payment 09/20/2010		Method of Payment X Check #		Amount		
Secondary Payee Luna Pizza		Purpose o	of Expenditure	2060 Debit Card	d			
Street Address 999 Farmington Ave	City Hartford		State CT	Zip Code 06107-2103	3			
Description Volunteer Dinner				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$81.52		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Chris Covucci Secondary Payee	1		Date of Payment 09/20/2010 Purpose of Expenditure		nent	Amount	
Street Address 600 Connecticut Ave	City Norwalk	OFFICE	State CT	Zip Code 06854-1616			
Description Parade Supplies				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$51.79	
Name of Worker/Consultant Chris Covucci		Date of Payment 09/20/2010		Method of Payment X Check #		Amount	
Secondary Payee CVS		Purpose o	f Expenditure	2060 Debit Card	d		
Street Address 150 S Main St	City West Hartford		State CT	Zip Code 06107-3432	2		
Description Bandaids				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$5.29	

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Chris Covucci C		Date of Payment 09/20/2010		Method of Paym X Check #	nent	Amount	
Secondary Payee Staples			Purpose of Expenditure OFFICE		d		
Street Address 2550 Albany Ave	City West Hartford		State CT	Zip Code 06117-2301			
Description Supplies				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$233.17	
Name of Worker/Consultant Chris Covucci		Date of Payment 09/20/2010		Method of Paym	nent	Amount	
Secondary Payee Verizon Wireless		Purpose o	f Expenditure	2060 Debit Card	d		
Street Address PO Box 15062	City Albany		State NY	Zip Code 12212-5062	2		
Description Cell Phone				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$148.73	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Name of Worker/Consultant Schuyler Merritt Secondary Payee	huyler Merritt (Date of Payment 09/20/2010 Purpose of Expenditure		0/2010 X Check # 2068			Amount
Street Address 155 Morgan St	City Hartford	TRVL	State CT	Zip Code 06103-1309				
	idate(s) Name	Office	Sought	Event #				
which reimbursement is sought? Yes No						\$5.00		
Name of Worker/Consultant Schuyler Merritt		Date of Payment 09/20/2010		Method of Payment X Check #		Amount		
Secondary Payee Reuben's Deli		Purpose o	f Expenditure	2068 Debit Card	d			
Street Address 35 Lasalle Rd	City West Hartford		State CT	Zip Code 06107-2304	1			
Description Toms Lunch				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$31.96		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
huyler Merritt (condary Payee F		Date of Payment 09/20/2010 Purpose of Expenditure		Method of Payn X Check # 2068 Debit Care		Amount	
Street Address 240 Riverside Ave	City Westport	FOOD	State CT	Zip Code 06880-4608			
Description Toms Snack				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$7.25	
Name of Worker/Consultant Schuyler Merritt		Date of Payment 09/20/2010		Method of Payment X Check #		Amount	
Secondary Payee Wendy's		Purpose of	of Expenditure	2068 Debit Care	d		
Street Address 306 Prospect Ave	City Hartford		State CT	Zip Code 06106-2028	3	•	
Description Toms Lunch				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$40.82	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Schuyler Merritt (Date of Payment 09/20/2010		Method of Paym X Check #	ent	ent Amount		
Secondary Payee Gyro Palace		FOOD	of Expenditure	Debit Card	i			
Street Address 7 S Main St	City West Hartford		State CT	Zip Code 06107-2447				
Description Toms Lunch				Event#				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$28.59		
		1		1,,,,,		<u> </u>		
Name of Worker/Consultant Schuyler Merritt		Date of P		Method of Paym	ient	Amount		
Secondary Payee Barcelona		Purpose o	of Expenditure 2068		i			
Street Address 222 Summer St	City Stamford		State CT	Zip Code 06901-2303	3			
Description Op-research Lunch				Event #				
which reimbursement is sought?	didate(s) Name	Office	Sought					
Yes X No						\$42.93		

IV. EXPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE	
Folev For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Schuyler Merritt Secondary Payee F		Date of Payment 09/20/2010 Purpose of Expenditure		Method of Paym X Check # 2068 Debit Care		Amount	
Street Address 749 Main St	City Watertown	FOOD	State CT	Zip Code 06795-2624			
Description Toms Snack				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$4.21	
Name of Worker/Consultant Schuyler Merritt		Date of Payment 09/20/2010		Method of Payment X Check #		Amount	
Secondary Payee Sprint		Purpose o	of Expenditure	2068 Debit Care	d		
Street Address PO Box 660075	City Dallas		State TX	Zip Code 75266-0075	5		
Description Cell Phone (February service and BES)				Event #			
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$70.00	

IV. E	EXPENDITURES						
NAME OF COMMITTEE					FILI	NG DUE DATE	
Foley For Governor, Inc.					Origin	nal 10/12/2010	
R. Itemization of Reimbursements to Committee Workers and Consultants							
Name of Worker/Consultant Schuyler Merritt Secondary Payee Pilot Travel Centers		Date of P 09/20/ Purpose of		Method of Paym X Check # 2068 Debit Card		Amount	
Street Address 433 Old Gate Ln	City Milford	1	State CT	Zip Code 06460-8626	5		
Description Gas, Toms BMW				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$44.17	
Name of Worker/Consultant Schuyler Merritt		Date of Payment 09/20/2010		Method of Paym	nent	Amount	
Secondary Payee BP		Purpose o	of Expenditure	2068 Debit Card	i		
Street Address 749 Main St	City Watertown		State CT	Zip Code 06795-2624	1		
Description Gas, Toms BMW				Event #			
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes No	idate(s) Name	Office	Sought	•		\$46.66	

IV. EXPENDITURES								
NAME OF COMMITTEE					FILI	NG DUE DATE		
Folev For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimbursements to Committee Workers and Consultants								
Schuyler Merritt (Date of Payment 09/20/2010 Purpose of Expenditure		Method of Payrr X Check # 2068 Debit Care		Amount		
Exxon Mobile Street Address 1139 Post Rd	City Fairfield	TRVL	State CT	Zip Code 06824-6074				
Description Gas, Toms BMW				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$44.05		
Name of Worker/Consultant Schuyler Merritt		Date of Payment 09/20/2010		Method of Payment X Check #		Amount		
Secondary Payee Splash Car Wash Center of Greenwich		Purpose o	of Expenditure	2068 Debit Card	d			
Street Address 625 W Putnam Ave	City Greenwich		State CT	Zip Code 06830-6006	5			
Description Wash, Toms BMW				Event #				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought			\$13.00		

IV F	XPENDITURES					
17.12	ALENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor, Inc.					Origin	nal 10/12/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant		Date of Pa		Method of Paym	nent	Amount
Schuyler Merritt		09/20/	2010	X Check # 2068		
Secondary Payee Mercury Fuel		Purpose of Expenditure TRVL		ose of Expenditure Debit Car		
Street Address 125 Foxon Blvd	City New Haven		State CT	Zip Code 06513-2359		
Description gas, Toms BMW				Event #		
Is this expenditure coordinated with another candidate for Other Candi which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$40.85
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount
Schuyler Merritt		09/20/	2010	X Check #		
Secondary Payee Target		Purpose o	of Expenditure	2068 Debit Care	i	
Street Address 21 Broad St	City Stamford	•	State CT	Zip Code 06901-2309)	
Description Staff snacks and drinks				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$32.57

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Folev For Governor, Inc.					Origin	nal 10/12/2010
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants			
Name of Worker/Consultant John L Whitney Secondary Payee		Date of Page 09/20/		Method of Paym X Check # 2070 Debit Carc		Amount
John L Whitney Street Address 20 Summer St FI 2	City Stamford	TRVL	State CT	Zip Code 06901-2304		
Description Vehicle Miles				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$134.00
Name of Worker/Consultant John L Whitney		Date of Pa 09/20/		Method of Payment X Check #		Amount
Secondary Payee City of Stamford, Cashiering & Perm		Purpose of Expenditure Misc *		2070 Debit Card		
Street Address 888 Washington Blvd Fl 1	City Stamford		State CT	Zip Code 06901-2902	2	
Description Parking Fine				Event #		
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			¢35.00

IV. F	EXPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.					Origin	nal 10/12/2010
R. Itemization of Reimburs	ements to Committee W	orkers and	Consultants			
Name of Worker/Consultant John L Whitney Secondary Payee United States Post Office		Date of P 09/20/ Purpose of		Method of Paym X Check # 2070 Debit Care		Amount
Street Address Ridgeway Station	City Stamford		State CT			
Description 300 stamps/ 2 overnight packages Is this expenditure coordinated with another candidate for which reimbursement is sought? Other Candidate for which reimbursement is sought?	lidate(s) Name	Office	Sought	Event#		
Yes X No						\$168.40
Name of Worker/Consultant John L Whitney Secondary Payee	me of Worker/Consultant hn L Whitney		Date of Payment 09/20/2010 Purpose of Expenditure		ent	Amount
Fedex Kinko's		POST	. Expenditure	Debit Care	i	
Street Address 48 W Putnam Ave	City Greenwich		State CT	Zip Code 06830-5331	L	
Description 3 Overnight packages				Event#		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	lidate(s) Name	Office	Sought	•		\$71.25

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburs	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Chris O'Brien Secondary Payee	(Date of Payment 09/21/2010 Purpose of Expenditure		09/21/2010			Amount
Chris O'Brien		TRVL		Debit Card	i			
Street Address 20 Summer St Ste 200	City Stamford	State CT		1 *				
Description Vehicle Miles				Event #				
Is this expenditure coordinated with another candidate for Other Candidate(s) Name Office Sought which reimbursement is sought? Yes No					\$252.50			
Name of Worker/Consultant Chris O'Brien		Date of Pa		Method of Paym	ent	Amount		
Secondary Payee Hartford Parking Authority		Purpose of Expenditure TRVL		2072 Debit Card				
Street Address 155 Morgan St	City Hartford		State CT	Zip Code 06103-1309)			
Description Parking				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought			\$7.00		

IV. E	XPENDITURES									
NAME OF COMMITTEE					FILI	NG DUE DATE				
Folev For Governor, Inc.					Origin	nal 10/12/2010				
R. Itemization of Reimburs	ements to Committee Work	kers and	Consultants							
Name of Worker/Consultant Chris O'Brien Secondary Payee CVS			Date of Payment 09/21/2010 Purpose of Expenditure		09/21/2010		09/21/2010 X Check 2072 Purpose of Expenditure			Amount
Street Address 308 Wilbur Cross Hwy	City Berlin	1000	State CT	Zip Code 06037						
Description Water for Danbury Office Is this expenditure coordinated with another candidate for Other Cand	idate(s) Name	Office	Sought	Event #						
which reimbursement is sought? Yes No						\$6.19				
Name of Worker/Consultant Chris O'Brien		Date of Payment 09/21/2010		Method of Payment X Check #		Amount				
Secondary Payee Xpect Discounts		Purpose o	of Expenditure	2072 Debit Care	d					
Street Address 100 Newtown Rd	City Danbury		State CT	Zip Code 06810-4123	3					
Description Snacks				Event #						
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$8.77				

IV. E	XPENDITURES							
NAME OF COMMITTEE					FILI	NG DUE DATE		
Foley For Governor, Inc.					Origin	nal 10/12/2010		
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants					
Name of Worker/Consultant Chris O'Brien	ris O'Brien 0		Date of Payment 09/21/2010				nent	Amount
Secondary Payee Dollar Tree Stores		FOOD	T Expenditure	Debit Care	i			
Street Address 1 Padanaram Rd	City Danbury		State		5			
Description Snacks				Event#				
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$9.12		
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	nent	Amount		
Chris O'Brien		09/21/	2010	X Check #				
Secondary Payee Walmart		Purpose o	f Expenditure	2072 Debit Card				
Street Address Newtown Road	City Danbury		State CT	Zip Code 06810				
Description Supplies				Event #				
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢36.08		

IV F	XPENDITURES											
	ALENDITURES											
NAME OF COMMITTEE					FILI	NG DUE DATE						
Folev For Governor, Inc.					Origir	nal 10/12/2010						
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants									
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount						
Chris O'Brien		09/21/	2010	X Check #								
Secondary Payee Rite Aid		Purpose of Expenditure								2072 Debit Card	i	
Street Address	City	OFFICE	State	Zip Code								
744 Wolcott Rd	Wolcott		СТ	06716-1906	5							
Description Supplies				Event #								
Зарриса												
which reimbursement is sought? Yes	idate(s) Name	Office	Sought			\$11.11						
No		t		1		\$11.11						
Name of Worker/Consultant		Date of Pa	ayment	Method of Paym	ent	Amount						
Len Greene		09/21/	2010	X Check #								
Secondary Payee		Purpose o	Purpose of Expenditure 2071									
Len Greene		TRVL		Debit Card	i							
Street Address 20 Summer St Ste 200	City Stamford		State CT	Zip Code 06901-2304	Į.							
Description			•	Event #		•						
Vehicle Miles				Evenen								
Is this expenditure coordinated with another candidate for Other Candi	idate(s) Name	Office	Sought	1		•						
which reimbursement is sought? Yes												
x No						\$168.00						

IV. E	XPENDITURES											
NAME OF COMMITTEE					FILI	NG DUE DATE						
Foley For Governor, Inc.					Origin	nal 10/12/2010						
R. Itemization of Reimburse	ements to Committee Work	ers and	Consultants									
		Date of Payment 09/21/2010		Method of Paym X Check # 2071	nent	Amount						
Secondary Payee Derby Parking Authority		Purpose of Expenditure TRVL		Purpose of Expenditure						Debit Care	i	
Street Address 2 Thompson Pl	City Derby	State CT		1 '								
Description Parking				Event#								
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	idate(s) Name	Office	Sought			\$3.00						
Name of Worker/Consultant		Date of Pa		Method of Paym	nent	Amount						
Len Greene		· · -		X Check # 2071								
Secondary Payee Archie Moore's Bar & Restaurant		Purpose o	f Expenditure	Debit Card	i							
Street Address 17 Elizabeth St	City Derby		State CT	Zip Code 06418-1840)							
Description Dinner				Event #								
Is this expenditure coordinated with another candidate for Which reimbursement is sought? Yes	idate(s) Name	Office	Sought	1		¢24.00						

IV. E	XPENDITURES					
NAME OF COMMITTEE					FILI	NG DUE DATE
Foley For Governor, Inc.					Origin	nal 10/12/2010
R. Itemization of Reimbursements to Committee Workers and Consultants						
Name of Worker/Consultant Chris Bandecchi		Date of Pa		Method of Paym	nent	Amount
Secondary Payee Chris Bandecchi		Purpose of Expenditure TRVL		2076 Debit Card	i	
Street Address 20 Summer St Fl 2	City Stamford		State CT	Zip Code 06901-2304	1	
Description Vehicle Miles				Event #		
Is this expenditure coordinated with another candidate for which reimbursement is sought? Yes No	date(s) Name	Office	Sought			\$130.18
				Total of Se	ection R	\$11,840.49

IV. EXP	ENDITURES					
NAME OF COMMITTEE				FII	LING DUE DATE	
Foley For Governor, Inc.				Or	iginal 10/12/2010	
S. Surplus Distribution of Equipment and Furniture						
Name of Recipient					Original Purchase Amount of Item	
Street Address	City	State	Zip Code			
Description						
			Total of Section	on S		